## Case 1:20-bk-13159 Doc 1 Filed 12/05/20 Entered 12/05/20 10:28:47 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: |                               |                                    |
|-------------------------------------------------|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| SOUTHERN DISTRICT OF OHIO                       |                               |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|                                                 | ☐ Chapter 7                   |                                    |
|                                                 | ☐ Chapter 11                  |                                    |
|                                                 | ☐ Chapter 12                  |                                    |
|                                                 | ■ Chapter 13                  | Check if this is an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself                                                                                                    |                                               |                                               |
|-----|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
|     |                                                                                                                           | About Debtor 1:                               | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name                                                                                                            |                                               |                                               |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | John First name                               | First name                                    |
|     |                                                                                                                           | Middle name                                   | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.                                                       | Hill Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |                                                                                                                           |                                               |                                               |
| 2.  | All other names you have used in the last 8 years                                                                         |                                               |                                               |
|     | Include your married or maiden names.                                                                                     |                                               |                                               |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-4935                                   |                                               |
|     |                                                                                                                           |                                               |                                               |

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Debtor 1 John P Hill Case number (if known)

| About Debtor 1:                                                                                                                                                                                                                                        | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ■ I have not used any business name or EINs.  Business name(s)  EIN                                                                                                                                                                                    | ☐ I have not used any business name or EINs.  Business name(s)  EIN                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6600 Kirkland Drive Cincinnati, OH 45224  Number, Street, City, State & ZIP Code  Hamilton County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                                                                                                                                                                                                                     |
| Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)            | Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason.  Explain. (See 28 U.S.C. § 1408.)                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                        | Business name(s)  EIN  6600 Kirkland Drive Cincinnati, OH 45224 Number, Street, City, State & ZIP Code  Hamilton County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filling this petition, I have lived in this district longer than in any other district.  I have another reason. |

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Case number (if known) Debtor 1 John P Hill Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

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| Deb | otor 1 _John P Hill                                                                                                                                                                                              |                                                  | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jocument                                                                                                                                                     | Page 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | Case number (if know   | m)                                                  |                                                                                |                          |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|--------------------------|
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| Par | t 3: Report About Any Bu                                                                                                                                                                                         | ısinesses                                        | You Own as a So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | le Proprietor                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
| 12. | Are you a sole proprietor of any full- or part-time business?                                                                                                                                                    | ■ No.                                            | Go to Part 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
|     |                                                                                                                                                                                                                  | ☐ Yes.                                           | Name and loca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ation of busines                                                                                                                                             | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                        |                                                     |                                                                                |                          |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.                                                  |                                                  | Name of busin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ess, if any                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
|     | If you have more than one sole proprietorship, use a                                                                                                                                                             |                                                  | Number, Stree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t, City, State &                                                                                                                                             | ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                        |                                                     |                                                                                |                          |
|     | separate sheet and attach it to this petition.                                                                                                                                                                   |                                                  | Check the app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ropriate box to                                                                                                                                              | describe your l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | business:                                                                                              |                        |                                                     |                                                                                |                          |
|     |                                                                                                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                                                                                                                                            | s (as defined in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | 101(27A))              |                                                     |                                                                                |                          |
|     |                                                                                                                                                                                                                  |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              | ate (as defined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
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| Par | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?  For a definition of small business debtor, see 11 U.S.C. § 101(51D). | proceed you are of cash-flow § 1116(1)  No.  No. | under Subchapter choosing to proceed statement, and fer (IB).  I am not filling under Code.  I am filling under I do not choose I am filling under choose to proceed | V so that it can<br>d under Subch<br>deral income t<br>under Chapter<br>er Chapter 11,<br>er Chapter 11,<br>e to proceed under Chapter 11,<br>eeed under Sub | n set appropriation apter V, you max return or if a set appropriation at return or if a set appropriation and a small bunder Subchapter I am a debtor a pochapter V of Control of Control of the set appropriation and a set appropriation and a set appropriation at the set appropriation and a set appropriation at the set appropriation and a set | e deadlines. ust attach you ny of these a small busin siness debt er V of Chap eccording to hapter 11. | the definition in § 11 | you are a small nce sheet, state xist, follow the p | business debto<br>ement of operation<br>procedure in 11 li<br>on in the Bankru | ur or<br>ions,<br>U.S.C. |
|     | •                                                                                                                                                                                                                |                                                  | ,a_a. a da da 1 1 op                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o. t.y o. 7 y                                                                                                                                                | oporty matrix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                        |                                                     |                                                                                |                          |
| 14. | Do you own or have any property that poses or is                                                                                                                                                                 | No.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
|     | alleged to pose a threat<br>of imminent and<br>identifiable hazard to<br>public health or safety?                                                                                                                | ☐ Yes.                                           | What is the hazar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rd?                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
|     | Or do you own any property that needs immediate attention?                                                                                                                                                       |                                                  | If immediate atter<br>needed, why is it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                                                                                |                                                  | Where is the prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | perty?                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                        |                                                     |                                                                                |                          |

Number, Street, City, State & Zip Code

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Debtor 1 John P Hill Case number (if known)

Part 5: Explain Your

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Answer These Questions for Reporting Purposes  15. Mark kind of debts do you have?  16. Are your debts primarily consumer debts? Eximines debts are debts that you incurred to obtain morely for a benoiness or investment or through the operation of the business or investment.  16. Are your debts primarily business debts? Eximiness debts are debts that you incurred to obtain morely for a business of investment.  17. Are your filling under Chapter 7.  16. State the type of debts you owe that are not consumer debts or business of investment.  17. Are your filling under Chapter 7.  18. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creations?  19. How many Creditors do you estimate that after any exempt property is excluded and administrative expenses be available for will destroy the control of the property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creations?  19. How many Creditors do you estimate that you locate any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creations?  19. How much do you estimate that you locate any exempt property is excluded any exempt property is                                                                                                               | Deb  | tor 1 John P Hill         |                      |                                                                                                              | Case num                                     | nber (if known)                        |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|----------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|--|--|--|--|
| you have?   Individual primarily for a personal, family, or household purpose."   No. Go to line 16.   New Your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   No. Go to line 17.   16c.   State the type of debts you own that are not consumer debts or business debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part | 6: Answer These Quest     | tions for Rep        | orting Purposes                                                                                              |                                              |                                        |  |  |  |  |
| Texas   Personant   Personan                                                                                                                 | 16.  |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| 16b.   Air your debts primarily business debts? Business debts are dubts that you incurred to obtain money for a business of investment or through the operation of the business or investment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                           | [                    | ☐ No. Go to line 16b.                                                                                        |                                              |                                        |  |  |  |  |
| money for a business or investment.  No. Go to line 16c.  Yes, Go to line 17.  16c.  State the type of debts you owe that are not consumer debts or business debts  17. Are you filling under Chapter 77.  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that offer any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. So, 950,000   \$1,000,001 - \$10 million   \$500,000,001 - \$10 billion   \$100,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$100,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000 - \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,000,000   \$1,            |      |                           | I                    | Yes. Go to line 17.                                                                                          |                                              |                                        |  |  |  |  |
| Yes. Go to line 17.   State the type of debts you owe that are not consumer debts or business debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you ower that the you over the paid that funds will be available for distribution to unsecured creditors?  19. How much do you estimate that you owe?  19. How much do you setimate that you ower that you over the your assets to be worth?  20. How much do you setimate your assets to be worth?  21. \$50,001 - \$10,000   \$10,000 - \$10 million   \$500,000 - \$10,000 - \$10,000 - \$10,000   \$10,000 - \$10 million   \$10,000,001 - \$10 million   \$10,000,000 - \$10 mi |      |                           | [                    | ☐ No. Go to line 16c.                                                                                        |                                              |                                        |  |  |  |  |
| 17. Are you filling under Chapter 7. So to line 18.    The power of th                                                                                                               |      |                           | [                    | ☐ Yes. Go to line 17.                                                                                        |                                              |                                        |  |  |  |  |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  19. How many Creditors do you estimate that you west a you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. 100,001 - \$100,000   \$1,000,001 - \$10 million   \$500,000,001 - \$10 million   \$100,000,001 - \$10 million   \$100,000,001 - \$10 million   \$100,000,001 - \$10 million   \$100,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$10 million   \$100,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,001 - \$100,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10                 |      |                           | 16c. S               | State the type of debts you                                                                                  | owe that are not consumer debts or busing    | ness debts                             |  |  |  |  |
| are paid that funds will be available to distribute to unsecured creditors?    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17.  |                           | ■ No.                | am not filing under Chapte                                                                                   | er 7. Go to line 18.                         |                                        |  |  |  |  |
| administrative expenses are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your fiabilities to be?  19. How much do you estimate your fiabilities to be?  19. How much do you estimate your fiabilities to be?  19. How much do you estimate your fiabilities to be?  19. Soo,0001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | after any exempt          |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| are paid that funds will be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate that you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your liabilities to be?  10. How much do you estimate your liabilities to be?  10. S50,001 - \$100,000   \$10,000,001 - \$500 million   \$100,000,001 - \$10 billion   \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001 - \$100,000,001             |      |                           | [                    | □No                                                                                                          |                                              |                                        |  |  |  |  |
| 18.   How many Creditors do you estimate that you owe?   1.49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| you estimate that you owe?    50-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | distribution to unsecured |                      | _ 100                                                                                                        |                                              |                                        |  |  |  |  |
| you estimate that you owe?    50-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18.  | How many Creditors do     | 1-40                 |                                                                                                              | □ 1.000-5.000                                | □ 25.001-50.000                        |  |  |  |  |
| 100-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           | _ ' ' '              |                                                                                                              |                                              |                                        |  |  |  |  |
| 19. How much do you estimate your assets to be worth?    \$0 - \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                           | □ 100-199            | )                                                                                                            | □ 10,001-25,000                              | ☐ More than100,000                     |  |  |  |  |
| estimate your assets to be worth?    \$50,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                           | □ 200-999            |                                                                                                              |                                              |                                        |  |  |  |  |
| estimate your assets to be worth?    \$50,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19.  |                           | □ \$0 - \$50         | 0,000                                                                                                        | ☐ \$1,000,001 - \$10 million                 | □ \$500,000,001 - \$1 billion          |  |  |  |  |
| \$100,001 - \$500,000   \$50,000,001 - \$100 million   \$10,000,000,001 - \$500 billion   \$500,001 - \$1 million   \$10,000,001 - \$500 million   \$500,000,001 - \$100 million   \$500,000,001 - \$100 million   \$500,000,001 - \$100 million   \$500,000,001 - \$100 million   \$10,000,001 - \$100 million   \$10,000,000,001 - \$100 million   \$100,000,001 - \$100 million   \$100,000,000,001 - \$100 million   \$100,000,001 - \$100 million   \$100,000,000,001 - \$100 million   \$100,000,000,000 million   \$100,000,000,000,000,000,000,000,000,000                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| 20. How much do you estimate your liabilities to be?    \$0 - \$50,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | DO WORKER                 |                      | ' '                                                                                                          |                                              |                                        |  |  |  |  |
| estimate your flabilities to be?    \$50,001 - \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                           | □ \$500,00           | 11 - \$1 million                                                                                             | ☐ More than \$50 billion                     |                                        |  |  |  |  |
| The be?    \$100,001 - \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20.  |                           | □ \$0 - \$50         | 0,000                                                                                                        | ☐ \$1,000,001 - \$10 million                 | ☐ \$500,000,001 - \$1 billion          |  |  |  |  |
| For you    Sign Below   Stophology   Stophol                                                                                                               |      |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| For you  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Is/ John P Hill  John P Hill  Signature of Debtor 2  Executed on December 4, 2020  Executed on  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                           |                      |                                                                                                              |                                              | <u> </u>                               |  |  |  |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Isl John P Hill  John P Hill  Signature of Debtor 2  Signature of Debtor 1  Executed on December 4, 2020  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                           | \$500,00             | 11 - \$1 million                                                                                             | □ \$100,000,001 - \$500 million              | More than \$50 billion                 |  |  |  |  |
| If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Is/ John P Hill  Signature of Debtor 2  Signature of Debtor 1  Executed on December 4, 2020  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part | 7: Sign Below             |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ John P Hill  John P Hill  Signature of Debtor 2  Signature of Debtor 1  Executed on December 4, 2020  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | For  | you                       | I have exar          | mined this petition, and I de                                                                                | eclare under penalty of perjury that the inf | ormation provided is true and correct. |  |  |  |  |
| document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Is/ John P Hill  John P Hill  Signature of Debtor 2  Signature of Debtor 1  Executed on December 4, 2020  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ John P Hill  John P Hill  Signature of Debtor 2  Signature of Debtor 1  Executed on December 4, 2020  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                           |                      |                                                                                                              |                                              |                                        |  |  |  |  |
| bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ John P Hill  John P Hill  Signature of Debtor 2  Signature of December 4, 2020  Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                           | I request re         | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |                                              |                                        |  |  |  |  |
| John P Hill       Signature of Debtor 2         Signature of Debtor 1       Executed on             Executed on       December 4, 2020             Executed on       Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                           | bankruptcy and 3571. | case can result in fines up                                                                                  |                                              |                                        |  |  |  |  |
| Signature of Debtor 1  Executed on December 4, 2020 Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                           |                      |                                                                                                              | Signature of Del                             | otor 2                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                           |                      |                                                                                                              | Signature of Del                             |                                        |  |  |  |  |
| MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                           | Executed of          |                                                                                                              | Executed on                                  |                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                           |                      | MM / DD / YYYY                                                                                               |                                              | MM / DD / YYYY                         |  |  |  |  |

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Debtor 1 John P Hill Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Robert R. Jones                    | Date          | December 4, 2020       |
|----------------------------------------|---------------|------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY         |
| Robert R. Jones 0029912 OH             |               |                        |
| Printed name                           |               |                        |
| Michael E. Plummer & Associates        |               |                        |
| Firm name                              |               |                        |
| Michael E. Plummer & Associates        |               |                        |
| 11 West 6th Street                     |               |                        |
| Covington, KY 41011                    |               |                        |
| Number, Street, City, State & ZIP Code |               |                        |
| Contact phone <b>859 581-5516</b>      | Email address | rrjones@rrjoneslaw.com |
| 0029912 OH OH                          |               |                        |
| Bar number & State                     |               |                        |

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|                        |                          | Docume            | nt Page 8 of 61 |                                      |
|------------------------|--------------------------|-------------------|-----------------|--------------------------------------|
| Fill in this infor     | mation to identify your  | case:             |                 |                                      |
| Debtor 1               | John P Hill              |                   |                 |                                      |
|                        | First Name               | Middle Name       | Last Name       |                                      |
| Debtor 2               |                          |                   |                 |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name       |                                      |
| United States Ba       | ankruptcy Court for the: | SOUTHERN DISTRICT | OF OHIO         |                                      |
| Case number (if known) |                          |                   |                 | ☐ Check if this is an amended filing |
| Official Ea            | arm 1065um               |                   |                 | amended lilling                      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

| Par | t 1: Summarize Your Assets                                                                                                                                                                         |             |                               |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|
|     |                                                                                                                                                                                                    | Your as     | ssets<br>of what you own      |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$          | 145,000.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 52,838.00                     |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 197,838.00                    |
| Par | t 2: Summarize Your Liabilities                                                                                                                                                                    |             |                               |
|     |                                                                                                                                                                                                    |             | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 168,900.00                    |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 25,889.0                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 167,874.00                    |
|     | Your total liabilities                                                                                                                                                                             | \$          | 362,663.00                    |
| Par | t 3: Summarize Your Income and Expenses                                                                                                                                                            |             |                               |
| 1.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$          | 9,214.00                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 4,615.00                      |
| ⊃ar | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |             |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |             |                               |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

## Case 1:20-bk-13159 Doc 1 Filed 12/05/20 Entered 12/05/20 10:28:47 Desc Main Document Page 9 of 61

Debtor 1 John P Hill Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

13,288.62

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total | claim      |
|------------------------------------------------------------------------------------------------------------------------------|-------|------------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |       |            |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$    | 0.00       |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$    | 25,889.00  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$    | 0.00       |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$    | 131,078.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00       |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00       |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$    | 156,967.00 |

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|       |                                    |                                 |                          | Doc           | <u>ument</u>   | Page 10 of 61                                                                                  |                 | _                                |                                                                |    |
|-------|------------------------------------|---------------------------------|--------------------------|---------------|----------------|------------------------------------------------------------------------------------------------|-----------------|----------------------------------|----------------------------------------------------------------|----|
| -111  | n this inform                      | ation to identify you           | r case and th            | is filing     | g:             |                                                                                                |                 |                                  |                                                                |    |
| Deb   | or 1                               | John P Hill                     |                          |               |                |                                                                                                |                 |                                  |                                                                |    |
|       |                                    | First Name                      | Middle                   | Name          |                | Last Name                                                                                      |                 |                                  |                                                                |    |
| Deb   |                                    | T. AN                           | A4: 1 II                 |               |                |                                                                                                |                 |                                  |                                                                |    |
| Spou  | se, if filing)                     | First Name                      | Middle                   | Name          |                | Last Name                                                                                      |                 |                                  |                                                                |    |
| Unit  | ed States Ban                      | kruptcy Court for the:          | SOUTHER                  | N DIST        | RICT OF O      | HIO                                                                                            |                 |                                  |                                                                |    |
| റം    | e number                           |                                 |                          |               |                |                                                                                                |                 |                                  | ☐ Check if this                                                |    |
| Oasi  |                                    |                                 |                          |               |                | _                                                                                              |                 |                                  | ☐ Check if this amended fill                                   |    |
|       |                                    | m 106A/B<br><b>A/B: Pro</b> r   | oertv                    |               |                |                                                                                                |                 |                                  | 12/15                                                          |    |
| nforn | nation. If more<br>er every questi | space is needed, attacl<br>on.  | h a separate sh          | neet to t     | his form. On   | ple are filing together, both a<br>the top of any additional pag<br>Own or Have an Interest In |                 |                                  |                                                                |    |
| 1.1   | Yes. Where is                      | , , ,                           |                          | What          | t is the prope | rty? Check all that apply                                                                      |                 |                                  |                                                                |    |
|       |                                    | available, or other description | n                        |               |                | ly home<br>nulti-unit building<br>um or cooperative                                            | the amoun       | t of any secure                  | ims or exemptions. Find claims on Schedule in Secured by Prope | D: |
|       | <b>Cincinnati</b>                  | OH 45                           | <b>224-0000</b> ZIP Code |               | Land           | ed or mobile home                                                                              | entire pro      | alue of the perty?               | Current value of to portion you own?                           | •  |
|       |                                    |                                 |                          | □<br>□<br>Who | Other          | est in the property? Check one                                                                 | _ (such as f    | ee simple, ten<br>te), if known. | our ownership inter<br>ancy by the entiretion                  |    |
|       | Hamilton                           |                                 |                          |               | Debtor 2 on    | ıly                                                                                            |                 |                                  |                                                                |    |
|       | County                             |                                 |                          |               |                | nd Debtor 2 only<br>e of the debtors and another                                               |                 | k if this is com<br>structions)  | munity property                                                |    |
|       |                                    |                                 |                          |               |                | nyou wish to add about this i<br>ation number:                                                 | tem, such as lo | ocal                             |                                                                |    |
|       |                                    |                                 |                          | prop<br>pur   |                | ation number:                                                                                  | tem, such as lo | ocal                             |                                                                |    |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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| Debtor 1 J             | ohn P Hill                                                   |                                                                                                                                                  | Case number (if known)                |                                                                    |
|------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------|
| Cars, vans,            | trucks, tractors, sport utility ve                           | hicles, motorcycles                                                                                                                              |                                       |                                                                    |
| □ No                   |                                                              |                                                                                                                                                  |                                       |                                                                    |
| _                      |                                                              |                                                                                                                                                  |                                       |                                                                    |
| Yes                    |                                                              |                                                                                                                                                  |                                       |                                                                    |
|                        | Chevrolet                                                    |                                                                                                                                                  | Do not deduct secu                    | red claims or exemptions. Put                                      |
| 3.1 Make:              | Malibu                                                       | Who has an interest in the property? Check one                                                                                                   | the amount of any s                   | ecured claims on Schedule D:                                       |
| Model:                 |                                                              | ■ Debtor 1 only                                                                                                                                  | Creditors Wno Have                    | e Claims Secured by Property.                                      |
| Year:                  | 2017<br>nate mileage: 50,000                                 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                                                                                     | Current value of the entire property? | e Current value of the portion you own?                            |
|                        | formation:                                                   | ☐ At least one of the debtors and another                                                                                                        | entire property:                      | portion you own:                                                   |
|                        |                                                              | At least one of the debtors and another                                                                                                          |                                       |                                                                    |
|                        | corded 7-7-2017                                              | ☐ Check if this is community property                                                                                                            | \$12,613.                             | 00 \$12,613.0                                                      |
| 1246 d                 | ays as of 12-4-20220                                         | (see instructions)                                                                                                                               |                                       |                                                                    |
|                        |                                                              |                                                                                                                                                  |                                       |                                                                    |
| 3.2 Make:              | Harley-Davidson                                              | Who has an interest in the property? Check one                                                                                                   |                                       | red claims or exemptions. Put ecured claims on <i>Schedule D</i> : |
| Model:                 | HCV                                                          | Debtor 1 only                                                                                                                                    |                                       | e Claims Secured by Property.                                      |
| Year:                  | 2016                                                         | Debtor 2 only                                                                                                                                    | Current value of the                  | e Current value of the                                             |
|                        | nate mileage: 65,000                                         | ☐ Debtor 1 and Debtor 2 only                                                                                                                     | entire property?                      | portion you own?                                                   |
| Other inf              | formation:                                                   | $\square$ At least one of the debtors and another                                                                                                |                                       |                                                                    |
|                        |                                                              |                                                                                                                                                  | \$17,000.                             | 00 \$17,000.0                                                      |
|                        |                                                              | ☐ Check if this is community property (see instructions)                                                                                         | Ψ17,000.                              | —                                                                  |
|                        |                                                              | · · · · · · · · · · · · · · · · · · ·                                                                                                            |                                       |                                                                    |
| .3 Make:               | Jeep                                                         | Who has an interest in the property? Check one                                                                                                   | Do not deduct secu                    | red claims or exemptions. Put                                      |
|                        | Wrangler                                                     | _                                                                                                                                                |                                       | ecured claims on Schedule D:<br>e Claims Secured by Property.      |
| Model:<br>Year:        | 2015                                                         | ■ Debtor 1 only □ Debtor 2 only                                                                                                                  |                                       |                                                                    |
|                        | nate mileage: 55,000                                         | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                                                                                     | Current value of the entire property? | e Current value of the portion you own?                            |
|                        | formation:                                                   | ☐ At least one of the debtors and another                                                                                                        |                                       | <b>F</b> ,                                                         |
| lien red               | corded 10-23-2015                                            |                                                                                                                                                  |                                       |                                                                    |
|                        |                                                              | ☐ Check if this is community property                                                                                                            | <b>\$20,725.</b>                      | 00 \$20,725.0                                                      |
|                        |                                                              | (see instructions)                                                                                                                               |                                       |                                                                    |
| Examples: B ■ No □ Yes | oats, trailers, motors, personal wa                          | d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcycon for all of your entries from Part 2, including | ele accessories                       |                                                                    |
|                        |                                                              | n for all of your entries from Part 2, including that number here                                                                                |                                       | \$50,338.00                                                        |
| - ·                    |                                                              |                                                                                                                                                  | L                                     |                                                                    |
| rt 3: Descri           | be Your Personal and Household Ite                           | ems                                                                                                                                              |                                       |                                                                    |
| you own o              | or have any legal or equitable in                            | terest in any of the following items?                                                                                                            |                                       | Current value of the                                               |
|                        |                                                              |                                                                                                                                                  |                                       | portion you own?  Do not deduct secured claims or exemptions.      |
| Examples: □<br>□ No    | goods and furnishings<br>Major appliances, furniture, linens | , china, kitchenware                                                                                                                             |                                       |                                                                    |
| Yes. De                | scribe                                                       |                                                                                                                                                  |                                       |                                                                    |
|                        | agual: Janes 114                                             | . TV bodroom oot bitchen (-bl 1 )                                                                                                                | eire mests                            |                                                                    |
|                        |                                                              | :, TV, bedroom set, kitchen table and ch<br>nd dresser, childs beds and dressers, w                                                              |                                       |                                                                    |
|                        |                                                              | ment center, television,                                                                                                                         | uo.101,                               | \$800.0                                                            |

Official Form 106A/B Schedule A/B: Property page 2

Filed 12/05/20 Entered 12/05/20 10:28:47 Case 1:20-bk-13159 Doc 1 Page 12 of 61 Document Debtor 1 Case number (if known) John P Hill 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... **Debtors casual clothing** \$300.00 Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,100.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions.

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

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| De | btor 1                  | John P Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                          |                                                                                                                                                               | Case number (if known)              |                            |
|----|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|
|    | Yes                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                          | Institution name:                                                                                                                                             |                                     |                            |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17.1.        | Checking                                 | Fifth Third Bank                                                                                                                                              |                                     | \$400.00                   |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 47.0         | Cavingo                                  | Fifth Third Bank                                                                                                                                              |                                     | \$0.00                     |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17.2.        | Savings                                  |                                                                                                                                                               |                                     | φυ.υυ<br>                  |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s, investme  |                                          | brokerage firms, money market acco                                                                                                                            | punts                               |                            |
|    | ☐ Yes                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Institution or issue                     | er name:                                                                                                                                                      |                                     |                            |
|    | joint v                 | ublicly traded s<br>renture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tock and     | interests in inco                        | rporated and unincorporated busi                                                                                                                              | nesses, including an interest in    | n an LLC, partnership, and |
|    | ■ No<br>□ Yes.          | Give specific in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | formation    | about them                               |                                                                                                                                                               |                                     |                            |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | me of entity:                            |                                                                                                                                                               | % of ownership:                     |                            |
|    | Negoti                  | iable instrument                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s include p  | ersonal checks, o                        | gotiable and non-negotiable instructions and non-negotiable instructions and cashiers' checks, promissory notes, a transfer to someone by signing or details. | and money orders.                   |                            |
|    |                         | Give specific inf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ormation a   | about them                               |                                                                                                                                                               |                                     |                            |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | uer name:                                |                                                                                                                                                               |                                     |                            |
|    | <i>Exam</i> µ<br>□ No   | ment or pension of the color of | IRA, ERIS    | SA, Keogh, 401(k)                        | ), 403(b), thrift savings accounts, or c                                                                                                                      | other pension or profit-sharing pla | ans                        |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type         | of account:                              | Institution name:                                                                                                                                             |                                     |                            |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 401-k        | <b>(</b>                                 | 401-K w/employer                                                                                                                                              |                                     | \$1,000.00                 |
|    | Your s<br>Examp<br>■ No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed deposit   | s you have made                          | so that you may continue service or nt, public utilities (electric, gas, water                                                                                | r), telecommunications companies    | s, or others               |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | -li                                      |                                                                                                                                                               |                                     |                            |
|    | ■ No                    | ies (A contract i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or a penor   | aic payment of mo                        | oney to you, either for life or for a nur                                                                                                                     | mber or years)                      |                            |
|    | ☐ Yes                   | !s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ssuer nam    | e and description.                       |                                                                                                                                                               |                                     |                            |
|    |                         | ts in an educati<br>C. §§ 530(b)(1),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                          | qualified ABLE program, or unde                                                                                                                               | er a qualified state tuition progr  | am.                        |
|    | ■ No<br>□ Yes           | lı                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nstitution r | name and descript                        | tion. Separately file the records of an                                                                                                                       | ny interests.11 U.S.C. § 521(c):    |                            |
|    | Trusts.<br>■ No         | , equitable or fu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | uture inte   | rests in property                        | (other than anything listed in line                                                                                                                           | 1), and rights or powers exerc      | isable for your benefit    |
|    | ☐ Yes.                  | Give specific in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | formation    | about them                               |                                                                                                                                                               |                                     |                            |
|    | Examp                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                          | and other intellectual property<br>seeds from royalties and licensing ag                                                                                      | greements                           |                            |
|    | ■ No<br>□ Yes.          | Give specific in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | formation    | about them                               |                                                                                                                                                               |                                     |                            |
|    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | r general intangi<br>lusive licenses, co | bles<br>poperative association holdings, liquo                                                                                                                | or licenses, professional licenses  |                            |
|    |                         | Give specific in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | formation    | about them                               |                                                                                                                                                               |                                     |                            |

Case 1:20-bk-13159 Doc 1 Filed 12/05/20 Entered 12/05/20 10:28:47 Desc Main Page 14 of 61 Document Case number (if known) Debtor 1 John P Hill Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,400,00 for Part 4. Write that number here.....

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Filed 12/05/20 Case 1:20-bk-13159 Doc 1 Entered 12/05/20 10:28:47 Desc Main Page 15 of 61 Document Debtor 1 Case number (if known) John P Hill Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information.......

| Part 8 | 8: List the Totals of Each Part of this Form              | List the Totals of Each Part of this Form |             |                              |              |  |  |  |  |
|--------|-----------------------------------------------------------|-------------------------------------------|-------------|------------------------------|--------------|--|--|--|--|
| 55.    | Part 1: Total real estate, line 2                         |                                           |             |                              | \$145,000.00 |  |  |  |  |
| 56.    | Part 2: Total vehicles, line 5                            |                                           | \$50,338.00 |                              |              |  |  |  |  |
| 57.    | Part 3: Total personal and household items, line 15       |                                           | \$1,100.00  |                              |              |  |  |  |  |
| 58.    | Part 4: Total financial assets, line 36                   |                                           | \$1,400.00  |                              |              |  |  |  |  |
| 59.    | Part 5: Total business-related property, line 45          |                                           | \$0.00      |                              |              |  |  |  |  |
| 60.    | Part 6: Total farm- and fishing-related property, line 52 |                                           | \$0.00      |                              |              |  |  |  |  |
| 61.    | Part 7: Total other property not listed, line 54          | +                                         | \$0.00      |                              |              |  |  |  |  |
| 62.    | Total personal property. Add lines 56 through 61          | _                                         | \$52,838.00 | Copy personal property total | \$52,838.00  |  |  |  |  |

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$197,838.00

\$0.00

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| Fill in this infor                      |             |                   |           |  |                                    |
|-----------------------------------------|-------------|-------------------|-----------|--|------------------------------------|
| Debtor 1                                | John P Hill |                   |           |  |                                    |
|                                         | First Name  | Middle Name       | Last Name |  |                                    |
| Debtor 2                                |             |                   |           |  |                                    |
| (Spouse if, filing)                     | First Name  | Middle Name       | Last Name |  |                                    |
| United States Bankruptcy Court for the: |             | SOUTHERN DISTRICT | OF OHIO   |  |                                    |
| Case number                             |             |                   |           |  | Charlettite is as                  |
| (II KIIOWII)                            |             |                   |           |  | Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property | You Claim as Exempt |
|---------|-----------------------|---------------------|
|---------|-----------------------|---------------------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property                                                   | Current value of the Amount of the exemption you claim portion you own |     | Specific laws that allow exemption                              |                                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----|-----------------------------------------------------------------|-------------------------------------------|--|
|                                                                                                                                          | Copy the value from<br>Schedule A/B                                    | Che | eck only one box for each exemption.                            |                                           |  |
| 6600 Kirkland Drive Cincinnati, OH 45224 Hamilton County                                                                                 | \$145,000.00                                                           |     | \$27,149.00                                                     | Ohio Rev. Code Ann. §<br>2329.66(A)(1)    |  |
| purchased: 2003<br>price 130,000<br>Line from <i>Schedule A/B</i> : 1.1                                                                  |                                                                        |     | 100% of fair market value, up to any applicable statutory limit |                                           |  |
| 2016 Harley-Davidson HCV 65,000 miles                                                                                                    | \$17,000.00                                                            |     | \$0.00                                                          | Ohio Rev. Code Ann. §<br>2329.66(A)(2)    |  |
| Line from Schedule A/B: 3.2                                                                                                              |                                                                        |     | 100% of fair market value, up to any applicable statutory limit |                                           |  |
| 2015 Jeep Wrangler 55,000 miles lien recorded 10-23-2015                                                                                 | \$20,725.00                                                            |     | \$4,000.00                                                      | Ohio Rev. Code Ann. §<br>2329.66(A)(2)    |  |
| Line from Schedule A/B: 3.3                                                                                                              |                                                                        |     | 100% of fair market value, up to any applicable statutory limit | X X X                                     |  |
| couch, loveseat, TV, bedroom set, kitchen table and chairs, master                                                                       | \$800.00                                                               |     | \$800.00                                                        | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |  |
| bedroom bed and dresser, childs<br>beds and dressers, washer, dryer,<br>entertainment center, television,<br>Line from Schedule A/B: 6.1 |                                                                        |     | 100% of fair market value, up to any applicable statutory limit | 2020.00(17)(17)(0)                        |  |

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| Debto | r1 John P Hill                                                                       |                                      |        | Case number (if known)                                          |                                           |  |
|-------|--------------------------------------------------------------------------------------|--------------------------------------|--------|-----------------------------------------------------------------|-------------------------------------------|--|
|       | rief description of the property and line on chedule A/B that lists this property    | Current value of the portion you own | Amo    | Specific laws that allow exemption                              |                                           |  |
|       |                                                                                      | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                           |  |
|       | Debtors casual clothing ine from Schedule A/B: 11.1                                  | \$300.00                             |        | \$300.00                                                        | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a) |  |
| _     | ine nom <i>Schedule Add.</i> ••••                                                    |                                      |        | 100% of fair market value, up to any applicable statutory limit | 2020.00(~)(+)(u)                          |  |
|       | Checking: Fifth Third Bank ine from Schedule A/B: 17.1                               | \$400.00                             |        | \$0.00                                                          | Ohio Rev. Code Ann. §<br>2329.66(A)(18)   |  |
| _     | ine nom <i>Schedule Adb.</i> 1711                                                    |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                           |  |
|       | avings: Fifth Third Bank                                                             | \$0.00                               |        | \$0.00                                                          | Ohio Rev. Code Ann. §<br>2329.66(A)(18)   |  |
| -     | ine nom ochodale AVB. TT-2                                                           |                                      |        | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10)                            |  |
|       | 01-K: 401-K w/employer                                                               | \$1,000.00                           |        | \$1,000.00                                                      | Ohio Rev. Code Ann. §                     |  |
| L     | ine nom <i>Schedule PAB</i> . <b>21.1</b>                                            |                                      |        | 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(10)(b)                         |  |
|       | re you claiming a homestead exemption Subject to adjustment on 4/01/22 and every  No |                                      |        | led on or after the date of adjustmen                           | t.)                                       |  |
| _     | Yes. Did you acquire the property cover                                              | ed by the exemption wi               | thin 1 | 215 days before you filed this case?                            |                                           |  |
|       | □ No                                                                                 |                                      |        |                                                                 |                                           |  |

☐ Yes

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|                 | Ousc                              | 1.20 BK 10100                | Document Pa                                                                                     | age 18       | of 61                                                   | .0.20.47 DC30                                | , man                       |
|-----------------|-----------------------------------|------------------------------|-------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------|----------------------------------------------|-----------------------------|
| Filli           | in this inform                    | nation to identify you       |                                                                                                 |              |                                                         |                                              |                             |
| Deb             | tor 1                             | John P Hill                  |                                                                                                 |              |                                                         |                                              |                             |
| DOD             | 101 1                             | First Name                   | Middle Name Las                                                                                 | st Name      |                                                         |                                              |                             |
|                 | tor 2<br>use if, filing)          | First Name                   | Middle Name Las                                                                                 | st Name      |                                                         |                                              |                             |
| Unit            | ed States Bar                     | nkruptcy Court for the:      | SOUTHERN DISTRICT OF OHIO                                                                       |              |                                                         |                                              |                             |
| Case<br>(if kno | e number                          |                              |                                                                                                 |              |                                                         | _                                            | if this is an<br>led filing |
|                 | cial Form                         |                              |                                                                                                 |              |                                                         |                                              |                             |
| Sc              | hedule                            | D: Creditors                 | Who Have Claims Se                                                                              | cured        | by Propert                                              | У                                            | 12/15                       |
| is nee          | eded, copy the<br>per (if known). | Additional Page, fill it o   | f two married people are filing together, b<br>ut, number the entries, and attach it to th      |              |                                                         |                                              |                             |
| 1. Do           | any creditors                     | have claims secured by       | your property?                                                                                  |              |                                                         |                                              |                             |
|                 | □ No. Check                       | this box and submit th       | is form to the court with your other sch                                                        | edules. You  | u have nothing else t                                   | o report on this form.                       |                             |
|                 | Yes. Fill in                      | all of the information b     | pelow.                                                                                          |              |                                                         |                                              |                             |
| Part            | 1: List Al                        | I Secured Claims             |                                                                                                 |              |                                                         |                                              |                             |
| 2. Li:          | st all secured                    | claims. If a creditor has n  | nore than one secured claim, list the creditor                                                  | separately   | Column A                                                | Column B                                     | Column C                    |
| for ea          | ach claim. If m                   | ore than one creditor has    | a particular claim, list the other creditors in F<br>al order according to the creditor's name. |              | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any    |
| 2.1             | Harley Da                         |                              | Describe the property that secures the c                                                        | laim:        | \$21,900.00                                             | \$17,000.00                                  | \$4,900.00                  |
|                 | Creditor's Name                   | 3                            | 2016 Harley-Davidson HCV 65,0 miles                                                             | 000          |                                                         |                                              |                             |
|                 |                                   | nessee Avenue<br>i, OH 45229 | As of the date you file, the claim is: Checlapply.  ☐ Contingent                                | k all that   |                                                         |                                              |                             |
|                 | Number, Street,                   | City, State & Zip Code       | ☐ Unliquidated                                                                                  |              |                                                         |                                              |                             |
|                 |                                   | 1.40 01 1                    | Disputed                                                                                        |              |                                                         |                                              |                             |
| _               |                                   | bt? Check one.               | Nature of lien. Check all that apply.                                                           |              |                                                         |                                              |                             |
| _               | ebtor 1 only<br>ebtor 2 only      |                              | ☐ An agreement you made (such as morto car loan)                                                | gage or secu | rea                                                     |                                              |                             |
|                 | ebtor 1 and De                    | ebtor 2 only                 | ☐ Statutory lien (such as tax lien, mechani                                                     | ic's lien)   |                                                         |                                              |                             |
| ПΑ              | t least one of th                 | ne debtors and another       | ☐ Judgment lien from a lawsuit                                                                  |              |                                                         |                                              |                             |

**Purchase Money Security** 

4935

☐ Check if this claim relates to a community debt

Date debt was incurred 03/21/2016

Other (including a right to offset)

Last 4 digits of account number

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| Debtor 1 John P Hill                              |                                                      | Case                | number (if known)                                |              |        |
|---------------------------------------------------|------------------------------------------------------|---------------------|--------------------------------------------------|--------------|--------|
| First Name Middle N                               | lame Last Name                                       | _                   |                                                  |              |        |
| 2.2 <b>M &amp; T Bank</b>                         | Describe the property that secures t                 | he claim:           | \$11,370.00                                      | \$12,613.00  | \$0.00 |
| Creditor's Name                                   | 2017 Chevrolet Malibu 50,00                          |                     | \$11,370.00                                      | \$12,013.00  | \$0.00 |
|                                                   | 2017 Glieviolet Maliba 30,00                         | o iiiies            |                                                  |              |        |
|                                                   | lien recorded 7-7-2017                               |                     |                                                  |              |        |
|                                                   | 1246 days as of 12-4-20220                           |                     |                                                  |              |        |
| PO Box 17292                                      | As of the date you file, the claim is:               | Check all that      |                                                  |              |        |
| Baltimore, MD 21203                               | apply.  Contingent                                   |                     |                                                  |              |        |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated                                       |                     |                                                  |              |        |
|                                                   | ☐ Disputed                                           |                     |                                                  |              |        |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.                |                     |                                                  |              |        |
| Debtor 1 only                                     | ☐ An agreement you made (such as r                   | mortgage or secured | I                                                |              |        |
| Debtor 2 only                                     | car loan)                                            |                     |                                                  |              |        |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, med              | chanic's lien)      |                                                  |              |        |
| ☐ At least one of the debtors and another         | ☐ Judgment lien from a lawsuit                       | ,                   |                                                  |              |        |
| ☐ Check if this claim relates to a community debt | <del>=</del>                                         | Purchase Mon        | ey Security                                      |              |        |
| Date debt was incurred                            | Last 4 digits of account numb                        | per 4935            |                                                  |              |        |
| 2.3 Rocket Mortgage                               | Describe the property that secures t                 | he claim:           | \$122,630.00                                     | \$145,000.00 | \$0.00 |
| Creditor's Name                                   | 6600 Kirkland Drive Cincinna                         | ati, OH             |                                                  |              |        |
|                                                   | 45224 Hamilton County                                |                     |                                                  |              |        |
|                                                   | purchased: 2003                                      |                     |                                                  |              |        |
|                                                   | price 130,000 As of the date you file, the claim is: | Check all that      |                                                  |              |        |
| 1050 Woodward Avenue                              | apply.                                               | onook all that      |                                                  |              |        |
| Detroit, MI 48226                                 | Contingent                                           |                     |                                                  |              |        |
| Number, Street, City, State & Zip Code            | Unliquidated                                         |                     |                                                  |              |        |
| Who awas the debt? Chark and                      | ☐ Disputed  Nature of lien. Check all that apply.    |                     |                                                  |              |        |
| Who owes the debt? Check one.                     | _                                                    |                     |                                                  |              |        |
| Debtor 1 only                                     | ☐ An agreement you made (such as r car loan)         | nortgage or secured |                                                  |              |        |
| Debtor 2 only                                     |                                                      |                     |                                                  |              |        |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, med              | chanic's lien)      |                                                  |              |        |
| At least one of the debtors and another           | Judgment lien from a lawsuit                         | Mortgogo            |                                                  |              |        |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)                  | Mortgage            |                                                  |              |        |
| Date debt was incurred05/17/2017                  | Last 4 digits of account numb                        | per <u>4935</u>     |                                                  |              |        |
| 2.4 Wright Patt Credit Union                      | Describe the property that secures t                 | he claim:           | \$13,000.00                                      | \$20,725.00  | \$0.00 |
| Creditor's Name                                   | 2015 Jeep Wrangler 55,000 r                          | miles               | <del>-                                    </del> | <del></del>  | 7000   |
|                                                   | lien recorded 10-23-2015                             |                     |                                                  |              |        |
| 2455 Executive Park Blvd                          | As of the data you file the claim is a               |                     |                                                  |              |        |
| PO Box 286                                        | As of the date you file, the claim is: apply.        | Check all that      |                                                  |              |        |
| Fairborn, OH 45324                                | ☐ Contingent                                         |                     |                                                  |              |        |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated                                       |                     |                                                  |              |        |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.    |                     |                                                  |              |        |
| Debtor 1 only                                     | ☐ An agreement you made (such as r                   | mortgage or secured | I                                                |              |        |
| Debtor 2 only                                     | car loan)                                            |                     |                                                  |              |        |
| Debtor 1 and Debtor 2 only                        | ☐ Statutory lien (such as tax lien, med              | chanic's lien)      |                                                  |              |        |
| ☐ At least one of the debtors and another         | ☐ Judgment lien from a lawsuit                       | ,                   |                                                  |              |        |
| ☐ Check if this claim relates to a                | <del>=</del>                                         | <b>Purchase Mon</b> | ey Security                                      |              |        |
| community debt                                    |                                                      |                     | <u> </u>                                         |              |        |
| Date debt was incurred 10/23/2015                 | Last 4 digits of account number                      | per 4935            |                                                  |              |        |

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| Debtor 1 | John P Hill |             |           | Case number (if known) | own)   |  |  |
|----------|-------------|-------------|-----------|------------------------|--------|--|--|
|          | First Name  | Middle Name | Last Name | •                      |        |  |  |
|          |             |             |           |                        | $\neg$ |  |  |

Add the dollar value of your entries in Column A on this page. Write that number here: \$168,900.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$168,900.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|             |                                    |                                                            |                  | Document               | Page              | 21 of 6       | 1                |          |                    |                   |           |
|-------------|------------------------------------|------------------------------------------------------------|------------------|------------------------|-------------------|---------------|------------------|----------|--------------------|-------------------|-----------|
| Fill        | in this informa                    | ation to identify your                                     | case:            |                        |                   |               |                  |          |                    |                   |           |
| Deb         | tor 1                              | John P Hill                                                |                  |                        |                   |               |                  |          |                    |                   |           |
|             | itor i                             | First Name                                                 | Middle           | Name                   | Last Nam          | e             |                  | _        |                    |                   |           |
| Deb         | tor 2                              |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
| (Spot       | use if, filing)                    | First Name                                                 | Middle           | Name                   | Last Nam          | е             |                  |          |                    |                   |           |
| Unit        | ed States Bank                     | cruptcy Court for the:                                     | SOUTHER          | N DISTRICT OF          | OHIO              |               |                  |          |                    |                   |           |
|             |                                    |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
| (if kno     | e number                           |                                                            |                  | _                      |                   |               |                  |          | ☐ Che              | ck if this is a   | an        |
|             | ,                                  |                                                            |                  |                        |                   |               |                  |          | _                  | nded filing       | an        |
|             |                                    |                                                            |                  |                        |                   |               |                  |          |                    | · ·               |           |
| <u>Offi</u> | icial Form                         | 106E/F                                                     |                  |                        |                   |               |                  |          |                    |                   |           |
| Scł         | hedule E/                          | F: Creditors W                                             | /ho Have         | Unsecure               | ed Claim          | S             |                  |          |                    | 12/1              | 15        |
|             |                                    | accurate as possible. Us                                   |                  |                        |                   |               |                  |          |                    |                   |           |
|             |                                    | icts or unexpired leases<br>bry Contracts and Unexp        |                  |                        |                   |               |                  |          |                    |                   |           |
|             |                                    | 's Who Have Claims Sec                                     |                  |                        |                   |               |                  |          |                    |                   |           |
|             | Attach the Contine and case number | nuation Page to this pag                                   | ge. If you have  | no information to      | o report in a Pa  | art, do not f | ile that Part. C | n the to | op of any addition | al pages, wr      | rite your |
| Part        |                                    | of Your PRIORITY Ur                                        | secoured Cla     | imo                    |                   |               |                  |          |                    |                   |           |
|             |                                    |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
|             | No. Go to Par                      | s have priority unsecure                                   | a ciaims agai    | ist you?               |                   |               |                  |          |                    |                   |           |
|             |                                    | τ 2.                                                       |                  |                        |                   |               |                  |          |                    |                   |           |
|             | Yes.                               |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
|             |                                    | oriority unsecured claims<br>of claim it is. If a claim ha |                  |                        |                   |               |                  |          |                    |                   |           |
|             |                                    | claims in alphabetical orde                                |                  |                        |                   |               |                  |          |                    |                   |           |
| i           | Part 1. If more that               | an one creditor holds a pa                                 | articular claim, | ist the other creditor | ors in Part 3.    |               |                  |          |                    |                   |           |
| (           | (For an explanati                  | on of each type of claim,                                  | see the instruct | ions for this form in  | n the instruction | booklet.)     | Tatal alaim      |          | Dai a aita         | Manania           |           |
|             |                                    |                                                            |                  |                        |                   |               | Total claim      |          | Priority amount    | Nonprio<br>amount |           |
| 2.1         | Internal F                         | Revene Service                                             | ı                | ast 4 digits of ac     | count number      | 4935          | \$25,8           | 89.00    | \$25,889.0         | 00                | \$0.00    |
|             | Priority Cred                      |                                                            |                  |                        |                   |               |                  |          | · · · · · ·        |                   |           |
|             | P.O. Box                           |                                                            |                  | When was the deb       | ot incurred?      | 2018, 2       | 019              |          |                    |                   |           |
|             |                                    | ohia, PA 19101-743<br>eet City State Zip Code              |                  | As of the date you     | ı file the claim  | is: Check a   | ll that annly    |          |                    |                   |           |
|             |                                    | the debt? Check one.                                       |                  | Contingent             | ine, the olam     | is. Oncor c   | iii tilat appiy  |          |                    |                   |           |
|             | _                                  |                                                            |                  | _                      |                   |               |                  |          |                    |                   |           |
|             | Debtor 1 onl                       |                                                            |                  | ☐ Unliquidated         |                   |               |                  |          |                    |                   |           |
|             | ☐ Debtor 2 onl                     | ly                                                         |                  | ☐ Disputed             |                   |               |                  |          |                    |                   |           |
|             | Debtor 1 and                       | d Debtor 2 only                                            |                  | Type of PRIORITY       |                   | aim:          |                  |          |                    |                   |           |
|             | ☐ At least one                     | of the debtors and another                                 | er I             | Domestic suppo         | ort obligations   |               |                  |          |                    |                   |           |
|             | ☐ Check if thi                     | s claim is for a commu                                     | nity debt        | Taxes and certa        | ain other debts   | you owe the   | government       |          |                    |                   |           |
|             | Is the claim su                    | bject to offset?                                           | ı                | Claims for death       | h or personal in  | jury while yo | u were intoxica  | ated     |                    |                   |           |
|             | ■ No                               |                                                            | İ                | Other. Specify         |                   |               |                  |          |                    |                   |           |
|             | ☐ Yes                              |                                                            |                  |                        | Taxes owe         | d for 20      | 8-2019           |          |                    | _                 |           |
|             |                                    |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
| Dow         | Lint All                           | of Vous NONDDIODIT                                         | V II             | al Claima              |                   |               |                  |          |                    |                   |           |
| Part        |                                    | of Your NONPRIORIT                                         |                  |                        |                   |               |                  |          |                    |                   |           |
| 3.          | Do any creditors                   | s have nonpriority unsec                                   | cured claims a   | gainst you?            |                   |               |                  |          |                    |                   |           |
|             | No. You have                       | nothing to report in this p                                | art. Submit this | form to the court v    | with your other   | schedules.    |                  |          |                    |                   |           |
|             | Yes.                               |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
|             |                                    |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |
|             |                                    | onpriority unsecured cl<br>list the creditor separatel     |                  |                        |                   |               |                  |          |                    |                   |           |
| 1           | than one creditor                  | holds a particular claim, I                                |                  |                        |                   |               |                  |          |                    |                   |           |
|             | Part 2.                            |                                                            |                  |                        |                   |               |                  |          |                    |                   |           |

Total claim

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| John P Hill                                                                  | Case number (if known)                                                                                    |             |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|
| Bank of America                                                              | Last 4 digits of account number 4935                                                                      | \$3,103.00  |
| Nonpriority Creditor's Name P.O. Box 15284 Wilmington, DE 19850              | When was the debt incurred? 2019                                                                          |             |
| Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply                                               |             |
| ■ Debtor 1 only                                                              | ☐ Contingent                                                                                              |             |
| Debtor 2 only                                                                | ☐ Unliquidated                                                                                            |             |
| ☐ Debtor 1 and Debtor 2 only                                                 | ☐ Disputed                                                                                                |             |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:                                                                      |             |
| ☐ Check if this claim is for a community                                     | ☐ Student loans                                                                                           |             |
| debt<br>Is the claim subject to offset?                                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| ☐ Yes                                                                        | Other. Specify line of credit                                                                             |             |
| Barclays Bank                                                                | Last 4 digits of account number 4935                                                                      | \$100.00    |
| Nonpriority Creditor's Name<br>125 South West Street<br>Wilmington, DE 19801 | When was the debt incurred? 2019                                                                          |             |
| Number Street City State Zip Code                                            | As of the date you file, the claim is: Check all that apply                                               |             |
| Who incurred the debt? Check one.                                            |                                                                                                           |             |
| ■ Debtor 1 only                                                              | ☐ Contingent                                                                                              |             |
| Debtor 2 only                                                                | ☐ Unliquidated                                                                                            |             |
| Debtor 1 and Debtor 2 only                                                   | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                          |             |
| At least one of the debtors and another                                      | Student loans                                                                                             |             |
| ☐ Check if this claim is for a community debt                                | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |             |
| Is the claim subject to offset?                                              | report as priority claims                                                                                 |             |
| ■ No                                                                         | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |             |
| Yes                                                                          | ■ Other. Specify credit card                                                                              |             |
| Best Egg                                                                     | Last 4 digits of account number 4935                                                                      | \$12,601.00 |
| Nonpriority Creditor's Name 1523 Concord Pike                                | When was the debt incurred? 2019                                                                          |             |
| Suite 201                                                                    |                                                                                                           |             |
| Wilmington, DE 19803  Number Street City State Zip Code                      | As of the date you file, the claim is: Check all that apply                                               |             |
| Who incurred the debt? Check one.                                            | As of the date you me, the claim is. Check all that apply                                                 |             |
| ■ Debtor 1 only                                                              | ☐ Contingent                                                                                              |             |
| Debtor 2 only                                                                | ☐ Unliquidated                                                                                            |             |
| Debtor 1 and Debtor 2 only                                                   | ☐ Disputed                                                                                                |             |
| ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:                                                                      |             |
| ☐ Check if this claim is for a community                                     | ☐ Student loans                                                                                           |             |
| debt Is the claim subject to offset?                                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
| □Yes                                                                         | ■ Other. Specify personal loan                                                                            |             |
| — ·                                                                          | — Other, Specify                                                                                          |             |

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| Debto | or 1 John P Hill                                                       | Case number (if known)                                                                                    |             |
|-------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------|
| 4.4   | Chase                                                                  | Last 4 digits of account number 4935                                                                      | \$4,626.00  |
|       | Nonpriority Creditor's Name P.O. Box 15123                             | When was the debt incurred? 2019                                                                          |             |
|       | Wilmington, DE 19850                                                   |                                                                                                           | -           |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply                                               |             |
|       | <u> </u>                                                               | П                                                                                                         |             |
|       | Debtor 1 only                                                          | ☐ Contingent                                                                                              |             |
|       | Debtor 2 only                                                          | ☐ Unliquidated                                                                                            |             |
|       | Debtor 1 and Debtor 2 only                                             | Disputed                                                                                                  |             |
|       | At least one of the debtors and another                                | Type of NONPRIORITY unsecured claim:                                                                      |             |
|       | Check if this claim is for a community                                 | ☐ Student loans                                                                                           |             |
|       | debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|       | No                                                                     | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|       | ☐ Yes                                                                  |                                                                                                           |             |
|       | Li Yes                                                                 | Other. Specify credit card                                                                                | _           |
| 4.5   | Citi Bank                                                              | Last 4 digits of account number 4935                                                                      | \$2,046.00  |
|       | Nonpriority Creditor's Name<br>4674 Houston Road<br>Florence, KY 41042 | When was the debt incurred? 2019                                                                          | -           |
|       | Number Street City State Zip Code                                      | As of the date you file, the claim is: Check all that apply                                               |             |
|       | Who incurred the debt? Check one.                                      |                                                                                                           |             |
|       | Debtor 1 only                                                          | ☐ Contingent                                                                                              |             |
|       | Debtor 2 only                                                          | ☐ Unliquidated                                                                                            |             |
|       | ☐ Debtor 1 and Debtor 2 only                                           | □ Disputed                                                                                                |             |
|       | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:                                                                      |             |
|       | ☐ Check if this claim is for a community                               | ☐ Student loans                                                                                           |             |
|       | debt                                                                   | Obligations arising out of a separation agreement or divorce that you did not                             |             |
|       | Is the claim subject to offset?                                        | report as priority claims                                                                                 |             |
|       | ■ No                                                                   | Debts to pension or profit-sharing plans, and other similar debts                                         |             |
|       | Yes                                                                    | Other. Specify credit card                                                                                | _           |
| 4.6   | Great Lakes                                                            | Last 4 digits of account number 4935                                                                      | \$95,923.00 |
|       | Nonpriority Creditor's Name PO Box 7860                                | When was the debt incurred? 2019                                                                          |             |
|       | Madison, WI 53707                                                      |                                                                                                           | _           |
|       | Number Street City State Zip Code                                      | As of the date you file, the claim is: Check all that apply                                               |             |
|       | Who incurred the debt? Check one.                                      | ☐ Contingent                                                                                              |             |
|       | Debtor 1 only                                                          | ☐ Unliquidated                                                                                            |             |
|       | Debtor 2 only                                                          | ☐ Disputed                                                                                                |             |
|       | ☐ Debtor 1 and Debtor 2 only                                           | Type of NONPRIORITY unsecured claim:                                                                      |             |
|       | ☐ At least one of the debtors and another                              | Student loans                                                                                             |             |
|       | ☐ Check if this claim is for a community debt                          | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |             |
|       | Is the claim subject to offset?                                        | report as priority claims                                                                                 |             |
|       | ■ No                                                                   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |             |
|       | Yes                                                                    | ☐ Other. Specify                                                                                          | _           |
|       |                                                                        | student loan                                                                                              | =           |

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| DCDI | JOHN F HIII                                                                                   |                                                                             |                                              |             |  |  |
|------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------|-------------|--|--|
| 4.7  | Sofi                                                                                          | Last 4 digits of account number                                             | 4935                                         | \$12,648.00 |  |  |
|      | Nonpriority Creditor's Name One Letterman Drive Building A Suite 4700 San Francisco, CA 94129 | When was the debt incurred?                                                 | 2019                                         |             |  |  |
|      | Number Street City State Zip Code Who incurred the debt? Check one.                           | As of the date you file, the claim                                          | is: Check all that apply                     |             |  |  |
|      | Debtor 1 only                                                                                 | ☐ Contingent                                                                |                                              |             |  |  |
|      | Debtor 2 only                                                                                 | ☐ Unliquidated                                                              |                                              |             |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                                                                  | ☐ Disputed                                                                  |                                              |             |  |  |
|      | ☐ At least one of the debtors and another                                                     | Type of NONPRIORITY unsecured                                               | d claim:                                     |             |  |  |
|      | ☐ Check if this claim is for a community                                                      | ☐ Student loans                                                             |                                              |             |  |  |
|      | debt Is the claim subject to offset?                                                          | Obligations arising out of a separeport as priority claims                  | ration agreement or divorce that you did not |             |  |  |
|      | ■ No                                                                                          | Debts to pension or profit-sharing                                          | g plans, and other similar debts             |             |  |  |
|      | Yes                                                                                           | Other. Specify personal lo                                                  | an                                           |             |  |  |
| 4.8  | The Home Depot Nonpriority Creditor's Name                                                    | Last 4 digits of account number                                             | 4935                                         | \$1,572.00  |  |  |
|      | 5800 South Corporate Place<br>Sioux Falls, SD 57108                                           | When was the debt incurred?                                                 | 2019                                         |             |  |  |
|      | Number Street City State Zip Code                                                             | As of the date you file, the claim                                          |                                              |             |  |  |
|      | Who incurred the debt? Check one.                                                             | _                                                                           |                                              |             |  |  |
|      | Debtor 1 only                                                                                 | Contingent                                                                  |                                              |             |  |  |
|      | Debtor 2 only                                                                                 | Unliquidated                                                                |                                              |             |  |  |
|      | Debtor 1 and Debtor 2 only                                                                    | ☐ Disputed                                                                  |                                              |             |  |  |
|      | At least one of the debtors and another                                                       | Type of NONPRIORITY unsecured                                               | d claim:                                     |             |  |  |
|      | Check if this claim is for a community                                                        | Student loans                                                               |                                              |             |  |  |
|      | debt Is the claim subject to offset?                                                          | Obligations arising out of a separeport as priority claims                  |                                              |             |  |  |
|      | ■ No                                                                                          | Debts to pension or profit-sharin                                           | g plans, and other similar debts             |             |  |  |
|      | Yes                                                                                           | Other. Specify credit card                                                  |                                              |             |  |  |
| 4.9  | US Bank                                                                                       | Last 4 digits of account number                                             | 4935                                         | \$100.00    |  |  |
|      | Nonpriority Creditor's Name P.O. Box 108 Saint Louis, MO 63166                                | When was the debt incurred?                                                 | 2019                                         |             |  |  |
|      | Number Street City State Zip Code Who incurred the debt? Check one.                           | As of the date you file, the claim                                          | is: Check all that apply                     |             |  |  |
|      | Debtor 1 only                                                                                 | ☐ Contingent                                                                |                                              |             |  |  |
|      | Debtor 2 only                                                                                 | ☐ Unliquidated                                                              |                                              |             |  |  |
|      | Debtor 1 and Debtor 2 only                                                                    | ☐ Disputed                                                                  |                                              |             |  |  |
|      | ☐ At least one of the debtors and another                                                     | Type of NONPRIORITY unsecured                                               |                                              |             |  |  |
|      | ☐ Check if this claim is for a community                                                      | ☐ Student loans                                                             |                                              |             |  |  |
|      | debt<br>Is the claim subject to offset?                                                       | ☐ Obligations arising out of a separeport as priority claims                |                                              |             |  |  |
|      | ■ No                                                                                          | $\square$ Debts to pension or profit-sharing plans, and other similar debts |                                              |             |  |  |
|      | ☐ Yes                                                                                         | ■ Other. Specify credit card                                                |                                              |             |  |  |

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Case number (if known)

| 4.1<br>0                          | US Department of Education                                                                                                                                                                                                      | Last 4 digits of account number                                                       | r 4935                                                                                            | \$16,291.00                                     |  |  |  |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|
|                                   | Nonpriority Creditor's Name PO Box 7860                                                                                                                                                                                         | When was the debt incurred?                                                           | 2019                                                                                              |                                                 |  |  |  |
|                                   | Madison, WI 53704  Number Street City State Zip Code                                                                                                                                                                            | As of the date you file, the clair                                                    |                                                                                                   |                                                 |  |  |  |
|                                   | Who incurred the debt? Check one.                                                                                                                                                                                               | 7.0 0. 11.0 uuto you 11.0, 11.0 otui.                                                 |                                                                                                   |                                                 |  |  |  |
|                                   | Debtor 1 only                                                                                                                                                                                                                   | ☐ Contingent                                                                          |                                                                                                   |                                                 |  |  |  |
|                                   | Debtor 2 only                                                                                                                                                                                                                   | ☐ Unliquidated                                                                        |                                                                                                   |                                                 |  |  |  |
|                                   | Debtor 1 and Debtor 2 only                                                                                                                                                                                                      | ☐ Disputed                                                                            |                                                                                                   |                                                 |  |  |  |
|                                   | ☐ At least one of the debtors and another                                                                                                                                                                                       | Type of NONPRIORITY unsecu                                                            | red claim:                                                                                        |                                                 |  |  |  |
|                                   | ☐ Check if this claim is for a community                                                                                                                                                                                        | Student loans                                                                         |                                                                                                   |                                                 |  |  |  |
|                                   | debt Is the claim subject to offset?                                                                                                                                                                                            | ☐ Obligations arising out of a sereport as priority claims                            | paration agreement or divorce that you did not                                                    |                                                 |  |  |  |
|                                   | ■ No                                                                                                                                                                                                                            | Debts to pension or profit-sha                                                        | ring plans, and other similar debts                                                               |                                                 |  |  |  |
|                                   | Yes                                                                                                                                                                                                                             | Other. Specify                                                                        |                                                                                                   |                                                 |  |  |  |
|                                   |                                                                                                                                                                                                                                 | student le                                                                            | oan                                                                                               |                                                 |  |  |  |
| 4.1                               | 110.5                                                                                                                                                                                                                           |                                                                                       | 4025                                                                                              | <b>*</b> 40.004.00                              |  |  |  |
| 1                                 | US Department of Education  Nonpriority Creditor's Name                                                                                                                                                                         | Last 4 digits of account number                                                       | r <u>4935</u>                                                                                     | \$18,864.00                                     |  |  |  |
|                                   | PO Box 7860<br>Madison, WI 53704                                                                                                                                                                                                | When was the debt incurred?                                                           | 2019                                                                                              |                                                 |  |  |  |
|                                   | Number Street City State Zip Code  Who incurred the debt? Check one.                                                                                                                                                            | As of the date you file, the clair                                                    | n is: Check all that apply                                                                        |                                                 |  |  |  |
|                                   | Debtor 1 only                                                                                                                                                                                                                   | ☐ Contingent                                                                          |                                                                                                   |                                                 |  |  |  |
|                                   | Debtor 2 only                                                                                                                                                                                                                   | ☐ Unliquidated                                                                        |                                                                                                   |                                                 |  |  |  |
|                                   | ☐ Debtor 1 and Debtor 2 only                                                                                                                                                                                                    | ☐ Disputed                                                                            |                                                                                                   |                                                 |  |  |  |
|                                   | $\square$ At least one of the debtors and another                                                                                                                                                                               | Type of NONPRIORITY unsecured claim:                                                  |                                                                                                   |                                                 |  |  |  |
|                                   | $\square$ Check if this claim is for a community                                                                                                                                                                                | Student loans                                                                         |                                                                                                   |                                                 |  |  |  |
|                                   | debt Is the claim subject to offset?                                                                                                                                                                                            | Obligations arising out of a se report as priority claims                             |                                                                                                   |                                                 |  |  |  |
|                                   | No                                                                                                                                                                                                                              | <u>-</u> ' ' '                                                                        | ring plans, and other similar debts                                                               |                                                 |  |  |  |
|                                   | ☐ Yes                                                                                                                                                                                                                           | ☐ Other. Specify                                                                      | ing plane, and outer similar debte                                                                |                                                 |  |  |  |
|                                   | La res                                                                                                                                                                                                                          | student le                                                                            | nan                                                                                               |                                                 |  |  |  |
| Part                              | 3: List Others to Be Notified About a De                                                                                                                                                                                        |                                                                                       | 7411                                                                                              |                                                 |  |  |  |
| is to<br>hav<br>not<br>Name<br>GC | this page only if you have others to be notified rying to collect from you for a debt you owe to see more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out and Address  Services | omeone else, list the original creditor<br>at you listed in Parts 1 or 2, list the ac | in Parts 1 or 2, then list the collection agency ditional creditors here. If you do not have addi | here. Similarly, if you<br>tional persons to be |  |  |  |
|                                   | ) Gulfton Street<br>ston, TX 77081                                                                                                                                                                                              |                                                                                       | ■ Part 2: Creditors with Nonpriority Unsecured C                                                  | laims                                           |  |  |  |
| iiou                              | Ston, 17 77001                                                                                                                                                                                                                  | Last 4 digits of account number                                                       | 4935                                                                                              |                                                 |  |  |  |
| U.S                               | and Address Attorneys Office East 4th Street                                                                                                                                                                                    | On which entry in Part 1 or Part 2 did y Line <u>4.6</u> of ( <i>Check one</i> ):     | Part 1: Creditors with Priority Unsecured Claim                                                   |                                                 |  |  |  |
|                                   | e 400 RE: student loans                                                                                                                                                                                                         |                                                                                       | Part 2: Creditors with Nonpriority Unsecured C                                                    | laims                                           |  |  |  |
| Cinc                              | cinnati, OH 45202                                                                                                                                                                                                               |                                                                                       |                                                                                                   |                                                 |  |  |  |
|                                   |                                                                                                                                                                                                                                 | Last 4 digits of account number                                                       |                                                                                                   |                                                 |  |  |  |
|                                   | e and Address                                                                                                                                                                                                                   | On which entry in Part 1 or Part 2 did y                                              |                                                                                                   |                                                 |  |  |  |
|                                   | Attorneys Office East 4th Street                                                                                                                                                                                                | Line 2.1 of (Check one):                                                              | Part 1: Creditors with Priority Unsecured Claim                                                   |                                                 |  |  |  |
|                                   | e 400 RE: taxes                                                                                                                                                                                                                 |                                                                                       | Part 2: Creditors with Nonpriority Unsecured C                                                    | laims                                           |  |  |  |
| Cinc                              | cinnati, OH 45202                                                                                                                                                                                                               | Last 4 digits of account number                                                       |                                                                                                   |                                                 |  |  |  |
|                                   | e and Address<br><b>Attorney</b>                                                                                                                                                                                                | On which entry in Part 1 or Part 2 did y Line 4.10 of (Check one):                    | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claim                   | ns                                              |  |  |  |

Official Form 106 E/F

Debtor 1 John P Hill

#### Filed 12/05/20 Entered 12/05/20 10:28:47 Case 1:20-bk-13159 Doc 1 Document Page 26 of 61

Debtor 1 John P Hill Case number (if known) 950 Pennsylvania Avenue NW ■ Part 2: Creditors with Nonpriority Unsecured Claims Washington, DC 20530 Last 4 digits of account number 4935 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **US Attorney** Line **4.11** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 950 Pennsylvania Avenue NW ■ Part 2: Creditors with Nonpriority Unsecured Claims Washington, DC 20530 Last 4 digits of account number

4935

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |                                                                                                         |     | Total Claim      |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|------------------|
|              | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00       |
| Total claims |     |                                                                                                         |     |                  |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>25,889.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>25,889.00  |
|              |     |                                                                                                         |     | Total Claim      |
|              | 6f. | Student loans                                                                                           | 6f. | \$<br>131,078.00 |
| Total claims |     |                                                                                                         |     |                  |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>36,796.00  |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>167,874.00 |

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| Fill in this infor                      | mation to identify your | case:             |           |  |
|-----------------------------------------|-------------------------|-------------------|-----------|--|
| Debtor 1                                | John P Hill             |                   |           |  |
|                                         | First Name              | Middle Name       | Last Name |  |
| Debtor 2                                |                         |                   |           |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name |  |
| United States Bankruptcy Court for the: |                         | SOUTHERN DISTRICT | OF OHIO   |  |
| Case number                             |                         |                   |           |  |
| (if known)                              |                         |                   |           |  |
|                                         |                         |                   |           |  |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for                                                                               |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 2.1 Jeff Wyler Honda Florence, Inc<br>949 Burlington Pike<br>Florence, KY 41042                           | 2017 Honda Civic<br>\$ 310.00 a month for 36 months<br>son pays for and maintains this vehicle<br>Debtor is co-debtor |

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|                                                         |                                                                                  | Documei                                             | nı Page 28 orı                                        | 01                                                                                                                        |                                  |
|---------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Fill in this info                                       | mation to identify your                                                          | case:                                               |                                                       |                                                                                                                           |                                  |
| Debtor 1                                                | John P Hill                                                                      |                                                     |                                                       |                                                                                                                           |                                  |
| 20210                                                   | First Name                                                                       | Middle Name                                         | Last Name                                             |                                                                                                                           |                                  |
| Debtor 2<br>(Spouse if, filing)                         | First Name                                                                       | Middle Name                                         | Last Name                                             |                                                                                                                           |                                  |
| United States B                                         | ankruptcy Court for the:                                                         | SOUTHERN DISTRICT                                   | OF OHIO                                               |                                                                                                                           |                                  |
| Case number<br>(if known)                               |                                                                                  |                                                     |                                                       | _                                                                                                                         | heck if this is an mended filing |
|                                                         | orm 106H<br>• H: Your Code                                                       | ebtors                                              |                                                       |                                                                                                                           | 12/15                            |
| people are filing<br>ill it out, and no<br>our name and | y together, both are equal<br>umber the entries in the<br>case number (if known) | ally responsible for supp                           | lying correct information<br>the Additional Page to t | complete and accurate as possik<br>n. If more space is needed, copy<br>this page. On the top of any Addi<br>s a codebtor. | the Additional Page,             |
|                                                         |                                                                                  | lived in a community pro<br>Nevada, New Mexico, Puo |                                                       | ? (Community property states and togon, and Wisconsin.)                                                                   | erritories include               |
| ■ No. Go to                                             |                                                                                  | ise, or legal equivalent live                       | with you at the time?                                 |                                                                                                                           |                                  |
| in line 2 ag                                            | ain as a codebtor only it<br>), Schedule E/F (Official                           | f that person is a guarant                          | tor or cosigner. Make su                              | your spouse is filing with you. L<br>ire you have listed the creditor or<br>G). Use Schedule D, Schedule E/I              | n Schedule D (Official           |
|                                                         | mn 1: Your codebtor<br>Number, Street, City, State and ZI                        | P Code                                              |                                                       | Column 2: The creditor to who Check all schedules that apply:                                                             |                                  |
| 203 I                                                   | in Lay<br>Bluegrass Avenue, Aր<br>port, KY 41071                                 | ot. H-178                                           |                                                       | ☐ Schedule D, line<br>☐ Schedule E/F, line<br>■ Schedule G2.1<br>Jeff Wyler Honda Florence                                |                                  |

Schedule H: Your Codebtors

|                                 | in this information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | ase:                                                  |                                                                                                                                                   |                       |                        |                                                            |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|------------------------------------------------------------|
| Deb                             | otor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | John P Hill                      |                                                       |                                                                                                                                                   |                       |                        |                                                            |
|                                 | otor 2<br>ouse, if filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                       |                                                                                                                                                   |                       |                        |                                                            |
| Uni                             | ted States Bankru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ptcy Court for the               | SOUTHERN DISTRIC                                      | CT OF OHIO                                                                                                                                        |                       |                        |                                                            |
| Of So                           | fficial Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Your Inc                         |                                                       | - who are filling together (Dobter 1                                                                                                              | □ A<br>□ A<br>1:<br>• | 3 income a             | ont showing postpetition chapter as of the following date: |
| sup <sub> </sub><br>spo<br>atta | plying correct inf<br>use. If you are se<br>ch a separate she                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ormation. If you parated and you | are married and not fili<br>r spouse is not filing wi | ple are filing together (Debtor 1<br>ng jointly, and your spouse is liv<br>ith you, do not include information<br>onal pages, write your name and | ing with<br>on about  | you, inclu<br>your spo | ide information about your use. If more space is needed,   |
| 1.                              | Fill in your emp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | • •                              |                                                       |                                                                                                                                                   |                       |                        |                                                            |
| ••                              | information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                       | Debtor 1                                                                                                                                          |                       | Debtor 2               | or non-filing spouse                                       |
|                                 | If you have more attach a separat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | Employment status                                     | ■ Employed                                                                                                                                        |                       | ☐ Employed             |                                                            |
|                                 | information abou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                       | ☐ Not employed                                                                                                                                    |                       | ■ Not er               | mployed                                                    |
|                                 | employers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Occupation                                            | Director of Nursing                                                                                                                               |                       | seeking                | employment                                                 |
|                                 | Include part-time<br>self-employed w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | Employer's name                                       | UC Health                                                                                                                                         |                       | -                      |                                                            |
|                                 | Occupation may<br>or homemaker, i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | Employer's address                                    | 151 W Galbraith<br>Cincinnati, OH 45216                                                                                                           |                       |                        |                                                            |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | How long employed to                                  | here? 3 years                                                                                                                                     |                       | _                      |                                                            |
| Par                             | t 2: Give Do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | etails About Mor                 | thly Income                                           |                                                                                                                                                   |                       |                        |                                                            |
| spou<br>If yo                   | use unless you are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e separated.<br>g spouse have mo | ore than one employer, co                             | you have nothing to report for any ombine the information for all emplo                                                                           |                       |                        | , ,                                                        |
|                                 | x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x = - x |                                  |                                                       |                                                                                                                                                   | For Del               | otor 1                 | For Debtor 2 or non-filing spouse                          |
| 2.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  | ry, and commissions (becalculate what the monthle     |                                                                                                                                                   | 13                    | ,537.00                | \$                                                         |

Official Form 106I Schedule I: Your Income page 1

0.00

13,537.00

+\$

0.00

0.00

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

| Deb | otor 1        | John P Hill                                                                                                                                                                                                                                                                     | _          | Case     | number (if known) |        |                            |                   |
|-----|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------------|--------|----------------------------|-------------------|
|     |               |                                                                                                                                                                                                                                                                                 |            | For      | Debtor 1          |        | ebtor 2 or<br>iling spouse |                   |
|     | Copy          | y line 4 here                                                                                                                                                                                                                                                                   | 4.         | \$       | 13,537.00         | \$     | 0.00                       | )                 |
| 5.  | l ist         | all payroll deductions:                                                                                                                                                                                                                                                         |            |          |                   |        |                            | _                 |
| 0.  | 5a.           | • •                                                                                                                                                                                                                                                                             | Eo         | \$       | 2 020 00          | \$     | 0.00                       |                   |
|     | 5a.<br>5b.    | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans                                                                                                                                                                                     | 5a.<br>5b. | \$<br>   | 3,928.00          | \$<br> | 0.00<br>0.00               | _                 |
|     | 5c.           | Voluntary contributions for retirement plans                                                                                                                                                                                                                                    | 5c.        | \$<br>-  | 1,343.00          | \$     | 0.00                       | _                 |
|     | 5d.           | Required repayments of retirement fund loans                                                                                                                                                                                                                                    | 5d.        | \$-      | 0.00              | \$     | 0.00                       | _                 |
|     | 5e.           | Insurance                                                                                                                                                                                                                                                                       | 5e.        | *<br>*   | 567.00            | \$     | 0.00                       | _                 |
|     | 5f.           | Domestic support obligations                                                                                                                                                                                                                                                    | 5f.        | \$       | 0.00              | \$     | 0.00                       | _                 |
|     | 5g.           | Union dues                                                                                                                                                                                                                                                                      | 5g.        | \$       | 0.00              | \$     | 0.00                       | _                 |
|     | 5h.           | Other deductions. Specify: Life, employee life,                                                                                                                                                                                                                                 | 5h         | + \$ _   |                   | + \$   | 0.00                       | _                 |
|     |               | tobacco add;l contribution                                                                                                                                                                                                                                                      | _          | \$       | 119.00            | \$     | 0.00                       |                   |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                      | 6.         | \$       | 6,013.00          | \$     | 0.00                       | <del>-</del><br>) |
| 7.  | Calc          | ulate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                 | 7.         | \$       | 7,524.00          | \$     | 0.00                       | _<br>)            |
| 8.  | List 8a.      | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.        | \$       |                   | <br>\$ | 0.00                       | _                 |
|     | 8b.           | Interest and dividends                                                                                                                                                                                                                                                          | 8b.        | -\$<br>- | 0.00              | \$     | 0.00<br>0.00               | _                 |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                              |            | \$       | 0.00              | \$     | 0.00                       | _                 |
|     | 8d.           | Unemployment compensation                                                                                                                                                                                                                                                       | 8d.        | \$       | 0.00              | \$     | 0.00                       | _                 |
|     | 8e.           | Social Security                                                                                                                                                                                                                                                                 | 8e.        | \$       | 0.00              | \$     | 0.00                       |                   |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.        | \$       | 0.00              | \$     | 0.00                       | _                 |
|     | 8g.           | Pension or retirement income                                                                                                                                                                                                                                                    | 8g.        | \$_      | 0.00              | \$     | 0.00                       | _                 |
|     | 8h.           | Other monthly income. Specify: unemployment                                                                                                                                                                                                                                     | 8h         | + \$_    | 0.00              | + \$   | 1,690.00                   | <u> </u>          |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                            | 9.         | \$       | 0.00              | \$     | 1,690.0                    | 0                 |
| 10  | Calc          | ulate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                      | 10. \$     |          | 7,524.00 + \$     | 1 60   | 0.00 = \$                  | 9,214.00          |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                          |            |          | 7,324.00          | 1,00   | <u> </u>                   | 3,217.00          |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not cify:              | r deper    |          |                   |        | hedule J.<br>11. +\$       | 0.00              |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certales                                                                                                                       |            |          |                   |        | 12. \$                     | 9,214.00          |
|     |               |                                                                                                                                                                                                                                                                                 |            |          |                   |        | Combi<br>month             | ned<br>ly income  |
| 13. | Do y<br>■     | ou expect an increase or decrease within the year after you file this form No.                                                                                                                                                                                                  | 1?         |          |                   |        |                            |                   |
|     |               | Yes. Explain:                                                                                                                                                                                                                                                                   |            |          |                   |        |                            |                   |

Official Form 106l Schedule I: Your Income page 2

| EIII      | in this information to identify your again                                                                                                                                                   |                                          |              |                   |                               |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------|-------------------|-------------------------------|
|           | in this information to identify your case:                                                                                                                                                   |                                          |              |                   |                               |
| Deb       | John P Hill                                                                                                                                                                                  |                                          |              | ck if this is:    |                               |
| Deb       | otor 2                                                                                                                                                                                       |                                          |              | An amended filing | ving postpetition chapter     |
|           | ouse, if filing)                                                                                                                                                                             |                                          | ш            | 13 expenses as of |                               |
| Unit      | ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO                                                                                                                               |                                          | -            | MM / DD / YYYY    |                               |
|           |                                                                                                                                                                                              |                                          |              |                   |                               |
| 1         | e number<br>nown)                                                                                                                                                                            |                                          |              |                   |                               |
| 0         | fficial Form 106J                                                                                                                                                                            |                                          |              |                   |                               |
| S         | chedule J: Your Expenses                                                                                                                                                                     |                                          |              |                   | 12/1                          |
| info      | as complete and accurate as possible. If two married people ar<br>ormation. If more space is needed, attach another sheet to this<br>mber (if known). Answer every question.                 |                                          |              |                   |                               |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?                                                                                                                                           |                                          |              |                   |                               |
| ١.        |                                                                                                                                                                                              |                                          |              |                   |                               |
|           | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?                                                                                                                      |                                          |              |                   |                               |
|           |                                                                                                                                                                                              |                                          |              |                   |                               |
|           | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>                                                                                                                         | for Separate House                       | hold of Deb  | tor 2             |                               |
| _         |                                                                                                                                                                                              | Tor Coparate Froude                      | 11010 01 000 | 101 Z.            |                               |
| 2.        | Do you have dependents? ☐ No                                                                                                                                                                 |                                          |              |                   |                               |
|           | Do not list Debtor 1 and Debtor 2.   Yes. Fill out this information for each dependent                                                                                                       | Dependent's relati<br>Debtor 1 or Debtor |              | Dependent's age   | Does dependent live with you? |
|           | Do not state the dependents names.                                                                                                                                                           | Daughter (college)                       | ege          | 18                | □ No ■ Yes                    |
|           |                                                                                                                                                                                              | Stepson (colle full-time)                | ge           | 18                | □ No<br>■ Yes                 |
|           |                                                                                                                                                                                              |                                          |              |                   | □ No                          |
|           |                                                                                                                                                                                              |                                          |              |                   | ☐ Yes                         |
|           |                                                                                                                                                                                              |                                          |              |                   | □ No                          |
| 3.        | Do your expenses include                                                                                                                                                                     |                                          |              |                   | ☐ Yes                         |
| ა.        | Do your expenses include expenses of people other than yourself and your dependents?                                                                                                         |                                          |              |                   |                               |
| exp       | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless yourses as of a date after the bankruptcy is filed. If this is a suppolicable date. |                                          |              |                   |                               |
| the       | lude expenses paid for with non-cash government assistance invalue of such assistance and have included it on Schedule I: Yelical Form 106I.)                                                |                                          |              | Your expe         | enses                         |
| 4.        | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.                                                                                    | nclude first mortgage                    | 4. \$        | S                 | 980.00                        |
|           | If not included in line 4:                                                                                                                                                                   |                                          |              |                   |                               |
|           | 4a. Real estate taxes                                                                                                                                                                        |                                          | 4a. \$       | 8                 | 0.00                          |
|           | 4b. Property, homeowner's, or renter's insurance                                                                                                                                             |                                          | 4b. \$       |                   | 0.00                          |
|           | 4c. Home maintenance, repair, and upkeep expenses                                                                                                                                            |                                          | 4c. \$       | S                 | 100.00                        |
| _         | 4d. Homeowner's association or condominium dues                                                                                                                                              |                                          | 4d. \$       |                   | 0.00                          |
| 5         | Additional mortgage payments for your residence, such as ho                                                                                                                                  | ma aquity lagne                          | 5 9          |                   | 0.00                          |

| ebtor 1       | John P Hill                                                                                                                                                                                                             | Case number (if I | known)   |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|
| Utili         | ties:                                                                                                                                                                                                                   |                   |          |
| 6a.           | Electricity, heat, natural gas                                                                                                                                                                                          | 6a. \$            | 250.00   |
| 6b.           | Water, sewer, garbage collection                                                                                                                                                                                        | 6b. \$            | 120.00   |
| 6c.           | Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                          | 6c. \$            | 0.00     |
| 6d.           | Other. Specify: cell phone                                                                                                                                                                                              | 6d. \$            | 400.00   |
|               | cable , internet                                                                                                                                                                                                        |                   | 150.00   |
|               | netflex                                                                                                                                                                                                                 |                   | 15.00    |
|               | hulu                                                                                                                                                                                                                    |                   | 15.00    |
| Foo           | d and housekeeping supplies                                                                                                                                                                                             | 7. \$             | 900.00   |
|               | dcare and children's education costs                                                                                                                                                                                    | 8. \$             | 0.00     |
| Clot          | hing, laundry, and dry cleaning                                                                                                                                                                                         | 9. \$             | 100.00   |
|               | conal care products and services                                                                                                                                                                                        | 10. \$            | 10.00    |
|               | ical and dental expenses                                                                                                                                                                                                | 11. \$            | 250.00   |
|               | sportation. Include gas, maintenance, bus or train fare.                                                                                                                                                                |                   | 200.00   |
|               | ot include car payments.                                                                                                                                                                                                | 12. \$            | 250.00   |
|               | rtainment, clubs, recreation, newspapers, magazines, and books                                                                                                                                                          | 13. \$            | 100.00   |
|               | ritable contributions and religious donations                                                                                                                                                                           | 14. \$            | 25.00    |
| Insu          | rance.                                                                                                                                                                                                                  | _                 |          |
|               | ot include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                               |                   |          |
|               | Life insurance                                                                                                                                                                                                          | 15a. \$           | 0.00     |
|               | Health insurance                                                                                                                                                                                                        | 15b. \$           | 0.00     |
|               | Vehicle insurance                                                                                                                                                                                                       | 15c. \$           | 300.00   |
|               | Other insurance. Specify:                                                                                                                                                                                               | 15d. \$           | 0.00     |
| Taxe<br>Spe   | es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:                                                                                                                                     | 16. \$            | 0.00     |
| Inst          | allment or lease payments:                                                                                                                                                                                              |                   |          |
| 17a.          | Car payments for Vehicle 1                                                                                                                                                                                              | 17a. \$           | 0.00     |
| 17b.          | Car payments for Vehicle 2                                                                                                                                                                                              | 17b. \$           | 0.00     |
| 17c.          | Other. Specify:                                                                                                                                                                                                         | 17c. \$           | 0.00     |
|               | Other. Specify:                                                                                                                                                                                                         | 17d. \$           | 0.00     |
|               | r payments of alimony, maintenance, and support that you did not report a                                                                                                                                               |                   | 0.00     |
|               | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106)                                                                                                                                              |                   | 0.00     |
| Spe           | ·                                                                                                                                                                                                                       | \$<br>19.         | 0.00     |
|               | er real property expenses not included in lines 4 or 5 of this form or on Sci                                                                                                                                           |                   |          |
|               | Mortgages on other property                                                                                                                                                                                             | 20a. \$           | 0.00     |
|               | Real estate taxes                                                                                                                                                                                                       | 20b. \$           | 0.00     |
|               | Property, homeowner's, or renter's insurance                                                                                                                                                                            | 20c. \$           | 0.00     |
| 20d.          | Maintenance, repair, and upkeep expenses                                                                                                                                                                                | 20d. \$           | 0.00     |
| 20e.          | Homeowner's association or condominium dues                                                                                                                                                                             | 20e. \$           | 0.00     |
| Oth           | er: Specify: tobacco                                                                                                                                                                                                    | 21. +\$           | 50.00    |
| pet           | food & supplies                                                                                                                                                                                                         | +\$               | 100.00   |
|               | -filing spouse debt payments/expenses                                                                                                                                                                                   | +\$               | 500.00   |
|               |                                                                                                                                                                                                                         |                   |          |
|               | rulate your monthly expenses                                                                                                                                                                                            | _                 | 4 045 00 |
|               | Add lines 4 through 21.                                                                                                                                                                                                 | \$ -              | 4,615.00 |
|               | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                         | _                 |          |
| 22c.          | Add line 22a and 22b. The result is your monthly expenses.                                                                                                                                                              | \$_               | 4,615.00 |
|               | ulate your monthly net income.                                                                                                                                                                                          |                   |          |
| 23a.          | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                                                            | 23a. \$           | 9,214.00 |
| 23b.          | Copy your monthly expenses from line 22c above.                                                                                                                                                                         | 23b\$             | 4,615.00 |
| 23c.          | Subtract your monthly expenses from your monthly income.                                                                                                                                                                |                   |          |
|               | The result is your monthly net income.                                                                                                                                                                                  | 23c. \$           | 4,599.00 |
| For e<br>modi | <b>YOU EXPECT AN INCREASE OF DECREASE IN YOUR EXPENSES WITHIN THE YEAR After</b> xample, do you expect to finish paying for your car loan within the year or do you expect your car loan to the terms of your mortgage? |                   |          |
|               | 0.                                                                                                                                                                                                                      |                   |          |
|               |                                                                                                                                                                                                                         |                   |          |

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| Fill in this infor  | mation to identify your                            | case:                                        |                         |                             |                                      |
|---------------------|----------------------------------------------------|----------------------------------------------|-------------------------|-----------------------------|--------------------------------------|
| Debtor 1            | John P Hill                                        |                                              |                         |                             |                                      |
|                     | First Name                                         | Middle Name                                  | Last Name               |                             |                                      |
| Debtor 2            | First Name                                         | Middle Nosse                                 | Loot Name               |                             |                                      |
| (Spouse if, filing) | First Name                                         | Middle Name                                  | Last Name               |                             |                                      |
| United States Ba    | ankruptcy Court for the:                           | SOUTHERN DISTRICT                            | OF OHIO                 |                             |                                      |
| Case number         |                                                    |                                              |                         |                             |                                      |
| (if known)          |                                                    |                                              |                         |                             | ☐ Check if this is an                |
|                     |                                                    |                                              |                         |                             | amended filing                       |
| If two married p    | eople are filing togethe                           | n Individual  r, both are equally respondent | nsible for supplying c  | correct information.        | 12/15 ement, concealing property, or |
| obtaining mone      |                                                    | n connection with a bank                     |                         |                             | 00, or imprisonment for up to 20     |
| Sig                 | n Below                                            |                                              |                         |                             |                                      |
| Did you pa          | ay or agree to pay some                            | one who is NOT an attor                      | ney to help you fill ou | ut bankruptcy forms?        |                                      |
| ■ No                |                                                    |                                              |                         |                             |                                      |
| ☐ Yes.              | Name of person                                     |                                              |                         |                             | kruptcy Petition Preparer's Notice,  |
|                     |                                                    |                                              |                         | Declaration                 | n, and Signature (Official Form 119) |
|                     | alty of perjury, I declare<br>re true and correct. | that I have read the sum                     | mary and schedules f    | filed with this declaration | on and                               |
| X /s/ Joh           | nn P Hill                                          |                                              | x                       |                             |                                      |
| John I              |                                                    |                                              | Signature               | e of Debtor 2               |                                      |
| Signatu             | re of Debtor 1                                     |                                              |                         |                             |                                      |

Date

Date December 4, 2020

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| Filli         | n this inform          | nation to identify you                     | r case:                                                                                      |                                                       |                                                                |                                                       |
|---------------|------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| Debt          |                        | John P Hill                                |                                                                                              |                                                       |                                                                |                                                       |
|               |                        | First Name                                 | Middle Name                                                                                  | Last Name                                             |                                                                |                                                       |
| Debt<br>(Spou | or 2<br>se if, filing) | First Name                                 | Middle Name                                                                                  | Last Name                                             |                                                                |                                                       |
|               |                        | nkruptcy Court for the:                    | SOUTHERN DISTRICT O                                                                          | OF OHIO                                               |                                                                |                                                       |
|               |                        |                                            |                                                                                              |                                                       |                                                                |                                                       |
| (if kno       | e number<br>wn)        |                                            |                                                                                              |                                                       |                                                                | Check if this is an amended filing                    |
| Sta<br>Be as  | s complete a           | of Financial                               |                                                                                              | re filing together, both are                          | ankruptcy equally responsible for sup                          |                                                       |
| numl          | oer (if known          | ). Answer every ques                       | stion.                                                                                       |                                                       | , aaamena pagee, mae ye                                        |                                                       |
| Part          |                        | current marital statu                      | rital Status and Where You                                                                   | Lived Before                                          |                                                                |                                                       |
|               | _                      | current maritar statu                      | is:                                                                                          |                                                       |                                                                |                                                       |
|               | ■ Married □ Not mar    | ried                                       |                                                                                              |                                                       |                                                                |                                                       |
| 2.            | During the la          | ıst 3 years, have you                      | lived anywhere other than                                                                    | where you live now?                                   |                                                                |                                                       |
|               | ■ No<br>□ Yes. List    | t all of the places you li                 | ived in the last 3 years. Do no                                                              | ot include where you live now                         | <i>'</i> .                                                     |                                                       |
|               | Debtor 1 Pri           | or Address:                                | Dates Debtor 1 lived there                                                                   | Debtor 2 Prior Ad                                     | dress:                                                         | Dates Debtor 2<br>lived there                         |
|               |                        |                                            |                                                                                              |                                                       | ity property state or territor<br>ico, Texas, Washington and V |                                                       |
|               | ■ No<br>□ Yes. Ma      | ke sure you fill out <i>Sch</i>            | nedule H: Your Codebtors (Ot                                                                 | ificial Form 106H).                                   |                                                                |                                                       |
| Part          | 2 Explain              | n the Sources of You                       | r Income                                                                                     |                                                       |                                                                |                                                       |
| -             | Fill in the tota       | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-                       |                                                                | ndar years?                                           |
|               | □ No Fill              | in the details.                            |                                                                                              |                                                       |                                                                |                                                       |
|               | - 163.1111             | in the details.                            |                                                                                              |                                                       |                                                                |                                                       |
|               |                        |                                            | Debtor 1                                                                                     |                                                       | Debtor 2                                                       |                                                       |
|               |                        |                                            | Sources of income<br>Check all that apply.                                                   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|               |                        | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips                                                          | \$146,080.00                                          | ☐ Wages, commissions, bonuses, tips                            |                                                       |
|               |                        |                                            | ☐ Operating a business                                                                       |                                                       | ☐ Operating a business                                         |                                                       |

Official Form 107

| Deb                                                                  | otor 1                                                                                                       |      | se 1:20-<br>hn <b>P Hill</b> | bk-13159       | Doc 1 Filed 12<br>Documen                                                                  | nt Page 35 of 61                                                          | 2/05/20 10:28:47 L                                                | Desc Main                                             |  |  |  |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|------------------------------|----------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|--|--|--|
|                                                                      |                                                                                                              |      |                              |                |                                                                                            |                                                                           |                                                                   |                                                       |  |  |  |
|                                                                      |                                                                                                              |      |                              |                | Debtor 1                                                                                   |                                                                           | Debtor 2                                                          |                                                       |  |  |  |
| For last calendar year:<br>(January 1 to December 31, 2019)          |                                                                                                              |      |                              |                | Sources of income<br>Check all that apply.                                                 | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.                        | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
|                                                                      |                                                                                                              |      |                              | 31, 2019 )     | ■ Wages, commissions, bonuses, tips                                                        | \$152,179.00                                                              | ☐ Wages, commissions, bonuses, tips                               |                                                       |  |  |  |
|                                                                      |                                                                                                              |      |                              |                | ☐ Operating a business                                                                     |                                                                           | ☐ Operating a business                                            |                                                       |  |  |  |
| For the calendar year before that: (January 1 to December 31, 2018 ) |                                                                                                              |      |                              |                | ■ Wages, commissions, bonuses, tips                                                        | \$140,219.00                                                              | ☐ Wages, commissions, bonuses, tips                               |                                                       |  |  |  |
|                                                                      |                                                                                                              |      |                              |                | ☐ Operating a business                                                                     |                                                                           | ☐ Operating a business                                            |                                                       |  |  |  |
|                                                                      | •                                                                                                            | No   | ource and                    | -              | me from each source separa                                                                 | tely. Do not include income tl                                            | nat you listed in line 4.                                         |                                                       |  |  |  |
|                                                                      |                                                                                                              |      |                              |                | Debtor 1                                                                                   |                                                                           | Debtor 2                                                          |                                                       |  |  |  |
|                                                                      |                                                                                                              |      |                              |                | Sources of income<br>Describe below.                                                       | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.                              | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
| Par                                                                  | t 3:                                                                                                         | List | Certain Pa                   | ayments You    | Made Before You Filed for                                                                  | Bankruptcy                                                                |                                                                   |                                                       |  |  |  |
| 6.                                                                   | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. |      |                              |                |                                                                                            |                                                                           |                                                                   |                                                       |  |  |  |
|                                                                      |                                                                                                              |      |                              |                |                                                                                            |                                                                           |                                                                   |                                                       |  |  |  |
|                                                                      |                                                                                                              |      | During the                   | e 90 days befo | 0 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |                                                                           |                                                                   |                                                       |  |  |  |
|                                                                      |                                                                                                              |      | No.                          | Go to line 7   |                                                                                            |                                                                           |                                                                   |                                                       |  |  |  |
|                                                                      |                                                                                                              |      | ☐ Yes                        | include pay    |                                                                                            |                                                                           | I the total amount you paid tha<br>port and alimony. Also, do not |                                                       |  |  |  |

**Creditor's Name and Address** 

**Dates of payment** 

**Total amount** paid

Amount you still owe

Was this payment for ...

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John P Hill Case number (if known)

| Debtor              | 1 John P Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              | Cas                      | e number (if known)  |                    |              |  |  |  |  |  |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|----------------------|--------------------|--------------|--|--|--|--|--|
| Ins<br>of<br>a b    | Vithin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  nsiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and a limony. |                              |                          |                      |                    |              |  |  |  |  |  |
|                     | No<br>Yes. List all payments to an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                          |                      |                    |              |  |  |  |  |  |
| In                  | sider's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dates of payment             | Total amount paid        | Amount you still owe | Reason for         | this payment |  |  |  |  |  |
| ins                 | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.                                                                                                                                                                                                                                                                                                                                                                        |                              |                          |                      |                    |              |  |  |  |  |  |
| ■□                  | No<br>Yes. List all payments to an insider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                          |                      |                    |              |  |  |  |  |  |
|                     | sider's Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dates of payment             | Total amount paid        | Amount you still owe | Reason for         | this payment |  |  |  |  |  |
| Part 4:             | Identify Legal Actions, Repossessio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ns. and Foreclosures         | puru                     |                      | molado orda        | nor o name   |  |  |  |  |  |
| Lis<br>mo           | thin 1 year before you filed for bankrups t all such matters, including personal injury diffications, and contract disputes.  No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                               | / cases, small claims action | ns, divorces, collection |                      | ctions, support    | t or custody |  |  |  |  |  |
|                     | ase title<br>ase number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Nature of the case           | Court or agency          |                      | Status of th       | e case       |  |  |  |  |  |
| Ch<br>■<br>□        | thin 1 year before you filed for bankrup<br>eck all that apply and fill in the details belo<br>No. Go to line 11.<br>Yes. Fill in the information below.<br>reditor Name and Address                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                          | oreclosed, garnis    | hed, attached      | Value of the |  |  |  |  |  |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Explain what happene         | d                        |                      |                    | property     |  |  |  |  |  |
| ac∈<br>■<br>□       | thin 90 days before you filed for bankru<br>counts or refuse to make a payment bed<br>No<br>Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | cause you owed a debt?       | ·                        |                      |                    |              |  |  |  |  |  |
| Cı                  | reditor Name and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe the action th       | e creditor took          | Date<br>taker        | action was         | Amount       |  |  |  |  |  |
|                     | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?                                                                                                                                                                                                                                                                                                                                                                                     |                              |                          |                      |                    |              |  |  |  |  |  |
| ■□                  | No<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                          |                      |                    |              |  |  |  |  |  |
| Part 5:             | List Certain Gifts and Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |                          |                      |                    |              |  |  |  |  |  |
| 13. <b>W</b> i<br>■ | thin 2 years before you filed for bankrup<br>No<br>Yes. Fill in the details for each gift.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ptcy, did you give any gif   | ts with a total value    | of more than \$60    | 0 per person?      | ?            |  |  |  |  |  |
| pe                  | ifts with a total value of more than \$600 er person erson to Whom You Gave the Gift and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe the gifts           |                          | Date:<br>the g       | s you gave<br>ifts | Value        |  |  |  |  |  |

Address:

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Case number (if known)

| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  □ Yes. Fill in the details for each gift or contribution. |        |                                                                                                                                                |                                   |                           |  |  |  |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------|--|--|--|--|
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code                                                                          | total  | Describe what you contributed                                                                                                                  | Dates you contributed             | Value                     |  |  |  |  |
| Par | t 6: List Certain Losses                                                                                                                                                                                       |        |                                                                                                                                                |                                   |                           |  |  |  |  |
| 15. | Within 1 year before you filed for bankru or gambling?                                                                                                                                                         | ptcy o | r since you filed for bankruptcy, did you lose any                                                                                             | thing because of thef             | t, fire, other disaster   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                               |        |                                                                                                                                                |                                   |                           |  |  |  |  |
|     | Describe the property you lost and how the loss occurred                                                                                                                                                       | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |  |  |  |  |
| Par | t 7: List Certain Payments or Transfers                                                                                                                                                                        | \$     |                                                                                                                                                |                                   |                           |  |  |  |  |
|     | <ul> <li>No</li> <li>Yes. Fill in the details.</li> <li>Person Who Was Paid Address</li> <li>Email or website address</li> </ul>                                                                               |        | Description and value of any property transferred                                                                                              | Date payment or transfer was made | Amount of payment         |  |  |  |  |
|     | Person Who Made the Payment, if Not Y<br>Michael Plummer & Associates<br>11 W 6th Street<br>Covington, KY 41011<br>plummer50@gmail.com                                                                         | 'ou    | Attorney Fees court cost paid in the amount of \$313.00                                                                                        | 11/15/2019                        | \$0.00                    |  |  |  |  |
|     | Summit Financial Education, Inc<br>Attn: Customer Service<br>4800 E Flower Street<br>Tucson, AZ 85712                                                                                                          |        | credit counseling course                                                                                                                       | 10/30/2020                        | \$15.00                   |  |  |  |  |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that  No Yes. Fill in the details.                                                   | ditors |                                                                                                                                                | or transfer any prope             | rty to anyone who         |  |  |  |  |
|     | Person Who Was Paid<br>Address                                                                                                                                                                                 |        | Description and value of any property transferred                                                                                              | Date payment or transfer was made | Amount of payment         |  |  |  |  |

Debtor 1 John P Hill

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Debtor 1 John P Hill Case number (if known)

|     | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No  Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        |                                |                       |                                                         |                                               |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------|-----------------------|---------------------------------------------------------|-----------------------------------------------|--|
|     | Person Who Received Transfer<br>Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Description and v property transfer                    |                                | paymer                | ne any property or<br>nts received or debts<br>exchange | Date transfer was made                        |  |
|     | Person's relationship to you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |                                |                       | J                                                       |                                               |  |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot No Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | y property to a s              | self-settled          | trust or similar device of                              | of which you are a                            |  |
|     | Name of trust  Description and value of the property transferred                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                |                       |                                                         |                                               |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , , , , , , , , , , , , , , , , , , ,                  |                                | ,                     |                                                         | made                                          |  |
| Par | t 8: List of Certain Financial Accounts, Inst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ruments, Safe Deposit                                  | Boxes, and Sto                 | orage Units           |                                                         |                                               |  |
|     | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | other financial accou                                  | nts; certificates              | of deposit;           |                                                         | , ,                                           |  |
|     | houses, pension funds, cooperatives, associ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ations, and other finar                                | ncial institutions             | S.                    |                                                         |                                               |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                |                       |                                                         |                                               |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Last 4 digits of account number                        | 31.                            |                       |                                                         | Last balance<br>before closing or<br>transfer |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |                                |                       |                                                         |                                               |  |
|     | No The state of th |                                                        |                                |                       |                                                         |                                               |  |
|     | Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Who also had asse                                      | 10 140                         | Dagariha th           |                                                         | Da atill                                      |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | Address (Number, Street, City, |                       | ne contents                                             | Do you still have it?                         |  |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |                                |                       |                                                         |                                               |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                |                       |                                                         |                                               |  |
|     | Name of Storage Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Who else has or h                                      | nad access                     | Describe th           | ne contents                                             | Do you still                                  |  |
|     | Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to it? Address (Number, S State and ZIP Code)          |                                | Describe the contents |                                                         | have it?                                      |  |
| Par | t 9: Identify Property You Hold or Control f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or Someone Else                                        |                                |                       |                                                         |                                               |  |
| 23. | Do you hold or control any property that som for someone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | neone else owns? Inclu                                 | ude any propert                | y you borro           | wed from, are storing f                                 | or, or hold in trust                          |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                |                       |                                                         |                                               |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Where is the prop<br>(Number, Street, City, S<br>Code) |                                | Describe th           | ne property                                             | Value                                         |  |
| Par | t 10: Give Details About Environmental Info                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rmation                                                |                                |                       |                                                         |                                               |  |
|     | the purpose of Part 10, the following definitio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                |                       |                                                         |                                               |  |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Debtor 1 John P Hill Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? П Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☐ Yes. Fill in the details. **Case Title** Nature of the case Court or agency Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ☐ Yes. Fill in the details below.

Part 12: Sign Below

Name

Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

**Date Issued** 

(Number, Street, City, State and ZIP Code)

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| ith a bankruptcy case can result in fines up to \$250,000, or imprisonments U.S.C. §§ 152, 1341, 1519, and 3571.  S/ John P Hill  John P Hill  Signature of Debtor 1  Date  December 4, 2020  Date  id you attach additional pages to Your Statement of Financial Affairs | Case number (if known)                                                               | Case number (if known) |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|--|--|--|
| are true and correct. I understand that mak                                                                                                                                                                                                                               | ing a false statement, concealing property, or obtaining money or property by fra    | ud in connection       |  |  |  |
|                                                                                                                                                                                                                                                                           |                                                                                      |                        |  |  |  |
| /s/ John P Hill                                                                                                                                                                                                                                                           |                                                                                      |                        |  |  |  |
| John P Hill                                                                                                                                                                                                                                                               | Signature of Debtor 2                                                                |                        |  |  |  |
| Signature of Debtor 1                                                                                                                                                                                                                                                     | -                                                                                    |                        |  |  |  |
| Date December 4, 2020                                                                                                                                                                                                                                                     | Date                                                                                 |                        |  |  |  |
| Did you attach additional pages to Your St                                                                                                                                                                                                                                | ntement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 10 | 17)?                   |  |  |  |
| No                                                                                                                                                                                                                                                                        |                                                                                      |                        |  |  |  |
| □ Yes                                                                                                                                                                                                                                                                     |                                                                                      |                        |  |  |  |
| Did you pay or agree to pay someone who                                                                                                                                                                                                                                   | s not an attorney to help you fill out bankruptcy forms?                             |                        |  |  |  |
| ■ No                                                                                                                                                                                                                                                                      |                                                                                      |                        |  |  |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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### **LBR Form 2016-1(b)**

## UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

| In re:      |           | Case No.   |
|-------------|-----------|------------|
| John P Hill |           | Chapter 13 |
|             | Debtor(s) | Judge      |

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

#### I. Disclosure

| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I that compensation paid to me within one year before the filing of the petit services rendered or to be rendered on behalf of the debtor(s) in contemplation follows: | ion in bankruptcy   | , or agreed to be paid to me, fo |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|
| F  | or legal services, I have agreed to accept                                                                                                                                                                                                          | \$                  | 3,700.00                         |
| P  | rior to the filing of this statement I have received                                                                                                                                                                                                | s                   | 0.00                             |
|    | alance Due                                                                                                                                                                                                                                          | \$                  | 3,700.00                         |
| 2. | \$313.00 of the filing fee has been paid.                                                                                                                                                                                                           |                     |                                  |
| 3. | The source of the compensation paid to me was:                                                                                                                                                                                                      |                     |                                  |
|    | ■ Debtor □ Other (specify):                                                                                                                                                                                                                         |                     |                                  |
| 4. | The source of compensation to be paid to me is:                                                                                                                                                                                                     |                     |                                  |
|    | ■ Debtor □ Other (specify):                                                                                                                                                                                                                         |                     |                                  |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any oth associates of my law firm.                                                                                                                                               | er persons unless t | hey are members and/or           |
|    | ☐ I have agreed to share the above-disclosed compensation with another per of my law firm. A copy of the agreement, together with a list of the name attached.                                                                                      |                     |                                  |

### II. Application

- 6. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
  - a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
  - b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
  - c. Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
  - d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided,

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legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).

- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

| December | 4. | 2020 |
|----------|----|------|

Date

/s/ Robert R. Jones

0029912 OH OH

Robert R. Jones 0029912 OH

Name

Michael E. Plummer & Associates Michael E. Plummer & Associates 11 West 6th Street Covington, KY 41011 859 581-5516 Fax: 859 581-5536 rrjones@rrjoneslaw.com Case 1:20-bk-13159 Doc 1 Filed 12/05/20 Entered 12/05/20 10:28:47 Desc Main Document Page 43 of 61

| Fill in this information to identify your case: |                                                     |  |  |  |  |
|-------------------------------------------------|-----------------------------------------------------|--|--|--|--|
| Debtor 1                                        | John P Hill                                         |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |                                                     |  |  |  |  |
| United States B                                 | sankruptcy Court for the: Southern District of Ohio |  |  |  |  |
| Case number<br>(if known)                       |                                                     |  |  |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |  |  |  |
|-------|----------------------------------------------------------------------|--|--|--|--|--|
|       | According to the calculations required by this Statement:            |  |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |
| •     | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

## **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| I | Pari     | :1: Calculate Your Average Monthly Income                                                                                                                                                                                                             | ·                                 |                       |                                           |                                                  |                                                         |                               |
|---|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------------------------|-------------------------------|
|   | 1.       | What is your marital and filing status? Check one of                                                                                                                                                                                                  | only.                             |                       |                                           |                                                  |                                                         |                               |
|   |          | Not married. Fill out Column A, lines 2-11.                                                                                                                                                                                                           |                                   |                       |                                           |                                                  |                                                         |                               |
|   |          | ☐ Married. Fill out both Columns A and B, lines 2-11                                                                                                                                                                                                  |                                   |                       |                                           |                                                  |                                                         |                               |
|   | 10<br>th | ill in the average monthly income that you received from a D1(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the totoouses own the same rental property, put the income from that | month perional by 6. Fill         | od would<br>in the re | l be March 1 throu<br>sult. Do not includ | igh August 31. If the ar<br>le any income amount | nount of your monthly incom more than once. For example | e varied during<br>e, if both |
|   |          |                                                                                                                                                                                                                                                       |                                   |                       |                                           | Column A Debtor 1                                | Column B Debtor 2 or non-filing spouse                  |                               |
|   | 2.       | Your gross wages, salary, tips, bonuses, overtime payroll deductions).                                                                                                                                                                                | , and con                         | nmissio               | ons (before all                           | \$ 12,443.62                                     | \$                                                      |                               |
|   | 3.       | <b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.                                                                                                                                                                         | e paymen                          | nts from              | a spouse if                               | \$                                               | \$                                                      |                               |
|   | 4.       | All amounts from any source which are regularly por you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a sport you listed on line 3.                    | r <b>t.</b> Include<br>ld, your d | regulai<br>epende     | r contributions<br>nts, parents,          | \$ 0.00                                          | \$                                                      |                               |
|   | 5.       | Net income from operating a business, profession, or farm                                                                                                                                                                                             | Debtor '                          | 1                     |                                           |                                                  |                                                         |                               |
|   |          | Gross receipts (before all deductions)                                                                                                                                                                                                                | \$                                | 0.00                  |                                           |                                                  |                                                         |                               |
|   |          | Ordinary and necessary operating expenses                                                                                                                                                                                                             | <b>-</b> \$                       | 0.00                  |                                           |                                                  |                                                         |                               |
|   |          | Net monthly income from a business, profession, or fa                                                                                                                                                                                                 | rm \$                             | 0.00                  | Copy here ->                              | \$                                               | \$                                                      |                               |
|   | 6.       | Net income from rental and other real property                                                                                                                                                                                                        | Debtor '                          |                       |                                           |                                                  |                                                         |                               |
|   |          | Gross receipts (before all deductions)                                                                                                                                                                                                                | \$                                | 0.00                  |                                           |                                                  |                                                         |                               |
|   |          | Ordinary and necessary operating expenses                                                                                                                                                                                                             | <b>-</b> \$                       | 0.00                  |                                           |                                                  |                                                         |                               |
| 1 |          | Net monthly income from rental or other real property                                                                                                                                                                                                 | \$                                | 0.00                  | Copy here ->                              | \$ 0.00                                          | \$                                                      |                               |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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| Debtor 1                                      | John P Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                  | Case numb         | er ( <i>if knowr</i> | <u> </u>                     |               |                                   |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------|----------------------|------------------------------|---------------|-----------------------------------|
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    |                                                  | Column A Debtor 1 |                      | Column B Debtor 2 non-filing | or            |                                   |
| 7. <b>Int</b>                                 | terest, dividends, and royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |                                                  | \$                | 0.00                 | \$<br>                       |               |                                   |
| 8. <b>U</b> r                                 | nemployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                    |                                                  | \$                | 0.00                 | \$                           |               |                                   |
|                                               | o not enter the amount if you contend that<br>e Social Security Act. Instead, list it here:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                    | fit under                                        |                   |                      |                              |               |                                   |
|                                               | For you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ <b>0</b> .                                                                                                                                                                                                                                                                      | .00                                              |                   |                      |                              |               |                                   |
|                                               | For your spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                                 |                                                  |                   |                      |                              |               |                                   |
| 9. Pe be no Un dis pa do                      | ension or retirement income. Do not income include any compensation, pension, pay nited States Government in connection with sability, or death of a member of the uniforty paid under chapter 61 of title 10, then increase not exceed the amount of retired pay to retired under any provision of title 10 others.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | elude any amount received that wat<br>except as stated in the next sente<br>y, annuity, or allowance paid by the<br>that disability, combat-related injuing<br>freed services. If you received any<br>include that pay only to the extent of<br>the which you would otherwise be e | ence, do<br>le<br>lry or<br>y retired<br>that it | \$                | 0.00                 | \$                           |               |                                   |
| Do<br>un<br>un<br>co<br>cri<br>co<br>Go<br>de | come from all other sources not listed on the include any benefits received under der the Federal law relating to the national der the National Emergencies Act (50 U.S. ronavirus disease 2019 (COVID-19); payme, a crime against humanity, or internat mpensation, pension, pay, annuity, or allowernment in connection with a disability, eath of a member of the uniformed service parate page and put the total below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the Social Security Act; payments al emergency declared by the Pres S.C. 1601 et seq.) with respect to ments received as a victim of a waional or domestic terrorism; or owance paid by the United States combat-related injury or disability,                                     | s made<br>sident<br>the<br>ar                    |                   |                      |                              |               |                                   |
| '                                             | non filing spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                    |                                                  | \$                | 845.00               | \$                           |               |                                   |
|                                               | non ming operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                    |                                                  | \$                | 0.00                 |                              |               |                                   |
|                                               | Total amounts from separate page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es if any                                                                                                                                                                                                                                                                          |                                                  | \$                | 0.00                 |                              |               |                                   |
|                                               | Total amounts from separate page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3, II ally.                                                                                                                                                                                                                                                                        |                                                  | Ψ                 | 0.00                 | Ψ                            |               |                                   |
|                                               | alculate your total average monthly inc ich column. Then add the total for Column  Determine How to Measure Your How | n A to the total for Column B.                                                                                                                                                                                                                                                     | \$13                                             | 3,288.62          | + \$                 |                              | Tot           | 13,288.62 al average nthly income |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              |               |                                   |
|                                               | opy your total average monthly income alculate the marital adjustment. Check of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              | \$ <i>*</i>   | 13,288.62                         |
| 13. Ca                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Jile.                                                                                                                                                                                                                                                                              |                                                  |                   |                      |                              |               |                                   |
| -                                             | You are not married. Fill in 0 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              |               |                                   |
|                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • •                                                                                                                                                                                                                                                                                |                                                  |                   |                      |                              |               |                                   |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              |               |                                   |
|                                               | Fill in the amount of the income listed i dependents, such as payment of the s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              |               |                                   |
|                                               | Below, specify the basis for excluding adjustments on a separate page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | this income and the amount of inc                                                                                                                                                                                                                                                  | ome dev                                          | oted to ead       | ch purpos            | se. If necessar              | y, list addit | ional                             |
|                                               | If this adjustment does not apply, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r 0 below.                                                                                                                                                                                                                                                                         |                                                  |                   |                      |                              |               |                                   |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    | \$                                               |                   |                      |                              |               |                                   |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    | \$                                               |                   |                      |                              |               |                                   |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    | +\$                                              |                   |                      |                              |               |                                   |
|                                               | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                    | \$                                               | 0.0               | 00                   | Copy here=>                  |               | 0.00                              |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              |               |                                   |
| 14. <b>Y</b>                                  | our current monthly income. Subtract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | line 13 from line 12.                                                                                                                                                                                                                                                              |                                                  |                   |                      |                              | \$            | 13,288.62                         |
| 15. <b>C</b>                                  | Calculate your current monthly income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | for the year. Follow these steps:                                                                                                                                                                                                                                                  |                                                  |                   |                      |                              |               |                                   |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The year i one in those stops.                                                                                                                                                                                                                                                     | -                                                |                   |                      |                              | •             | 13,288.62                         |
| 1                                             | 5a. Copy line 14 here=>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                    |                                                  |                   |                      |                              | \$            | . 5,255.52                        |

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| Debtor 1 | John P Hill                                                           | Case number (if known) |             |
|----------|-----------------------------------------------------------------------|------------------------|-------------|
|          | Multiply line 15a by 12 (the number of months in a year).             |                        | <b>x</b> 12 |
| 1        | 5b. The result is your current monthly income for the year for this p | art of the form. \$    | 159,463.44  |

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| Debto | r 1   | John      | P Hill                                                                                                                                       |                         | Case number (if known)                    |                |                        |
|-------|-------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------|----------------|------------------------|
| 16.   | Calc  | culate t  | he median family income that applies to y                                                                                                    | ou. Follow these step   | s:                                        |                |                        |
|       | 16a.  | Fill in t | he state in which you live.                                                                                                                  | ОН                      |                                           |                |                        |
|       | 16h   | Fill in t | he number of people in your household.                                                                                                       | 4                       |                                           |                |                        |
|       |       |           | he median family income for your state and s                                                                                                 |                         |                                           | ¢              | 95,003.00              |
|       | 100.  | To find   | I a list of applicable median income amounts tions for this form. This list may also be avail                                                | go online using the I   |                                           | Φ_             |                        |
| 17.   |       | _         | e lines compare?                                                                                                                             |                         |                                           |                |                        |
|       | 17a.  |           | Line 15b is less than or equal to line 16c. O 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do No                                             |                         |                                           |                |                        |
|       | 17b.  |           | Line 15b is more than line 16c. On the top of 1325(b)(3). <b>Go to Part 3 and fill out Calcu</b> your current monthly income from line 14 at | lation of Your Dispo    |                                           |                |                        |
| Part  | 3:    | Calc      | ulate Your Commitment Period Under 11 l                                                                                                      | J.S.C. § 1325(b)(4)     |                                           |                |                        |
| 18.   | Сор   | y your    | total average monthly income from line 1                                                                                                     | l.                      |                                           | \$             | 13,288.62              |
|       | cont  | end tha   | marital adjustment if it applies. If you are it calculating the commitment period under 1° come, copy the amount from line 13.               |                         |                                           |                |                        |
|       |       |           | narital adjustment does not apply, fill in 0 on                                                                                              | ine 19a.                |                                           | <b>-</b> \$    | 0.00                   |
|       |       |           |                                                                                                                                              |                         |                                           |                |                        |
|       | 19b.  | Subtra    | act line 19a from line 18.                                                                                                                   |                         |                                           | \$             | 13,288.62              |
| 20.   | Calc  | ulate y   | our current monthly income for the year.                                                                                                     | Follow these steps:     |                                           |                |                        |
|       | 20a.  | Сору I    | ine 19b                                                                                                                                      |                         |                                           | \$_            | 13,288.62              |
|       |       | Multip    | y by 12 (the number of months in a year).                                                                                                    |                         |                                           | 2              | <b>(</b> 12            |
|       |       |           |                                                                                                                                              |                         |                                           |                |                        |
|       | 20b.  | The re    | sult is your current monthly income for the year                                                                                             | ar for this part of the | form                                      | \$_            | 159,463.44             |
|       |       |           |                                                                                                                                              |                         |                                           |                |                        |
|       |       |           |                                                                                                                                              |                         |                                           |                | 05 000 00              |
|       | 20c.  | Copy t    | he median family income for your state and s                                                                                                 | size of household fron  | n line 16c                                | \$_            | 95,003.00              |
|       | 21.   | How o     | lo the lines compare?                                                                                                                        |                         |                                           |                |                        |
|       |       |           | ine 20b is less than line 20c. Unless otherwis eriod is 3 years. Go to Part 4.                                                               | e ordered by the cou    | rt, on the top of page 1 of this form, cl | neck box 3,    | The commitment         |
|       |       |           | ine 20b is more than or equal to line 20c. Unloommitment period is 5 years. Go to Part 4.                                                    | ess otherwise ordere    | d by the court, on the top of page 1 of   | f this form, c | heck box 4, <i>The</i> |
| Part  | 4:    | Sign      | Below                                                                                                                                        |                         |                                           |                |                        |
|       | By s  | _         | nere, under penalty of perjury I declare that the                                                                                            | ne information on this  | statement and in any attachments is       | true and cor   | rect.                  |
| x     | /s/   | John      | P Hill                                                                                                                                       |                         |                                           |                |                        |
|       | Jo    | hn P F    | lill                                                                                                                                         |                         |                                           |                |                        |
|       |       |           | of Debtor 1                                                                                                                                  |                         |                                           |                |                        |
|       | Daic  |           | mber 4, 2020<br>DD / YYYY                                                                                                                    |                         |                                           |                |                        |
|       | If yo | u checl   | ked 17a, do NOT fill out or file Form 122C-2.                                                                                                |                         |                                           |                |                        |
|       | If yo | u checl   | sed 17b, fill out Form 122C-2 and file it with the                                                                                           | nis form. On line 39 of | that form, copy your current monthly      | income fron    | n line 14 above.       |

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|                         |                                         |                                     |                                           |                                         | _                                                                                   |                  |                   |           |
|-------------------------|-----------------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------|------------------|-------------------|-----------|
| Fill in this            | information to i                        | dentify your case                   | e:                                        |                                         |                                                                                     |                  |                   |           |
| Debtor 1                | John P Hi                               | ı                                   |                                           |                                         |                                                                                     |                  |                   |           |
| Dobtor 2                |                                         |                                     |                                           |                                         |                                                                                     |                  |                   |           |
| Debtor 2<br>(Spouse, if | filing)                                 |                                     |                                           |                                         |                                                                                     |                  |                   |           |
| ` '                     | 0,                                      |                                     |                                           |                                         |                                                                                     |                  |                   |           |
| United State            | es Bankruptcy Co                        | ourt for the: Sou                   | thern District of Ohi                     | io                                      |                                                                                     |                  |                   |           |
| Case numb               | er                                      |                                     |                                           |                                         | _                                                                                   |                  |                   |           |
| (if known)              |                                         |                                     |                                           |                                         |                                                                                     | I Check if this  | s is an amende    | ed filing |
| Official For            | m 122C-2                                |                                     |                                           |                                         |                                                                                     |                  |                   |           |
|                         |                                         | ulation of                          | f Your Disp                               | posable li                              | ncome                                                                               |                  |                   | 04/19     |
| Fo fill out the         | nis form, you wil<br>nt Period (Officia | l need your com<br>Il Form 122C-1). | pleted copy of Cha                        | apter 13 Stateme                        | ent of Your Current I                                                               | Monthly Incom    | ne and Calculat   | ion of    |
| space is ne             | eded, attach a s                        | eparate sheet to                    |                                           | the line number                         | ether, both are equal<br>to which additional                                        |                  |                   |           |
| Part 1:                 | Calculate Your                          | Deductions from                     | Your Income                               |                                         |                                                                                     |                  |                   |           |
| the ques                | stions in lines 6-                      | 15. To find the IR                  |                                           | online using the                        | or certain expense a<br>link specified in the                                       |                  |                   |           |
| expenses                | s if they are highe                     | r than the standa                   | rds. Do not include                       | any operating ex                        | ense. In later parts of<br>penses that you subtr<br>s income in line 13 of          | acted from inc   | ome in lines 5 ar |           |
| If your ex              | penses differ fro                       | n month to month                    | , enter the average                       | expense.                                |                                                                                     |                  |                   |           |
| Note: Lin               | e numbers 1-4 a                         | e not used in this                  | form. These number                        | ers apply to inforr                     | nation required by a s                                                              | similar form use | ed in chapter 7 c | ases.     |
| 5. The                  | number of peo                           | ole used in deter                   | mining your deduc                         | ctions from inco                        | me                                                                                  |                  |                   |           |
|                         |                                         |                                     |                                           |                                         |                                                                                     |                  |                   | $\neg$    |
| plus                    | the number of a                         |                                     | endents whom you s                        |                                         | ederal income tax retunber may be different                                         |                  | 4                 |           |
| National                | Standards                               | You must use                        | e the IRS National S                      | Standards to ansv                       | wer the questions in li                                                             | nes 6-7.         |                   |           |
|                         |                                         |                                     | ng the number of perfood, clothing, and c |                                         | d in line 5 and the IRS                                                             | S National       | \$                | 1,740.00  |
| the<br>peo              | dollar amount for<br>ple who are 65 o   | out-of-pocket hea<br>olderbecause o | alth care. The numb                       | per of people is sp<br>higher IRS allow | ntered in line 5 and th<br>lit into two categories<br>ance for health car co<br>22. | people who a     | are under 65 and  | d         |

Official Form 122C-2

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John P Hill Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 224.00 Copy here=> 224.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 125 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 224.00 224.00 Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 737.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,234.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Rocket Mortgage** 985.00 Сору Repeat this amount 985.00 985.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 249.00 249.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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| ebtor 1 | John P Hill                                                                                                                                                                                     |              | (             | Case number      | (if known)      |                                 |        |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|------------------|-----------------|---------------------------------|--------|
| 11.     | Local transportation expenses: Check the number of vehic                                                                                                                                        | les for whic | h you claim a | n ownersh        | ip or operating | g expense.                      |        |
|         | ☐ 0. Go to line 14.                                                                                                                                                                             |              |               |                  |                 |                                 |        |
|         | ☐ 1. Go to line 12.                                                                                                                                                                             |              |               |                  |                 |                                 |        |
|         | ■ 2 or more. Go to line 12.                                                                                                                                                                     |              |               |                  |                 |                                 |        |
| 12.     | Vehicle operation expense: Using the IRS Local Standards                                                                                                                                        | and the nu   | mber of vehic | les for whi      | ch vou claim th | he                              |        |
|         | operating expenses, fill in the <i>Operating Costs</i> that apply for y                                                                                                                         |              |               |                  |                 |                                 | 376.00 |
| 13.     | <b>Vehicle ownership or lease expense:</b> Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.                                             |              |               |                  |                 |                                 |        |
| Ve      | hicle 1 Describe Vehicle 1: 2017 Chevrolet Malibu ! 1246 days as of 12-4-20                                                                                                                     |              | les lien rec  | orded 7-7        | 7-2017          |                                 |        |
| 13a     | Ownership or leasing costs using IRS Local Standard                                                                                                                                             |              |               | \$               | 521.00          |                                 |        |
| 13b.    | Average monthly payment for all debts secured by Vehicle 1.                                                                                                                                     |              |               |                  |                 |                                 |        |
|         | Do not include costs for leased vehicles.                                                                                                                                                       |              |               |                  |                 |                                 |        |
|         | To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.                                       |              |               |                  |                 |                                 |        |
|         | Name of each creditor for Vehicle 1                                                                                                                                                             | Average i    | monthly       |                  |                 |                                 |        |
|         | M & T Bank                                                                                                                                                                                      | \$           | 248.00        |                  |                 |                                 |        |
|         | Total Average Monthly Payment                                                                                                                                                                   | \$           | 248.00        | Copy<br>here =>  | -\$ <b>248</b>  | Repeat this amount on line 33b. |        |
|         |                                                                                                                                                                                                 |              |               |                  |                 |                                 |        |
| 13c.    | Net Vehicle 1 ownership or lease expense                                                                                                                                                        |              |               |                  |                 | Copy net<br>Vehicle 1           |        |
|         | Subtract line 13b from line 13a. if this number is less than \$0,                                                                                                                               | enter \$0.   |               | \$               | 273.00          | expense here<br>=> \$           | 273.00 |
| Ve      | hicle 2 Describe Vehicle 2: 2015 Jeep Wrangler 55,                                                                                                                                              | 000 miles    | lien record   | ded 10-23        | 3-2015          |                                 |        |
| 13d.    | Ownership or leasing costs using IRS Local Standard                                                                                                                                             |              |               | \$               | 521.00          |                                 |        |
| 13e.    | Average monthly payment for all debts secured by Vehicle 2. leased vehicles. $ \\$                                                                                                              | Do not incl  | ude costs for |                  |                 |                                 |        |
|         | Name of each creditor for Vehicle 2                                                                                                                                                             | Average i    | monthly       |                  |                 |                                 |        |
|         | Wright Patt Credit Union                                                                                                                                                                        | \$           | 229.53        |                  |                 |                                 |        |
|         |                                                                                                                                                                                                 |              |               | Сору             |                 | Repeat this                     |        |
|         | Total average monthly payment                                                                                                                                                                   | \$           | 229.53        | here<br>=> -\$ _ | 229.5           | amount on line                  |        |
| 13f.    | Net Vehicle 2 ownership or lease expense                                                                                                                                                        |              |               |                  |                 | Copy net                        |        |
|         | Subtract line 13e from line 13d. if this number is less than \$0,                                                                                                                               | enter \$0.   |               | . \$             | 291.47          | Vehicle 2 expense here => \$    | 291.47 |
| 14.     | Public transportation expense: If you claimed 0 vehicles in Public Transportation expense allowance regardless of w                                                                             |              |               |                  |                 | <br>n the<br>\$                 | 0.00   |
| 15.     | Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in who not claim more than the IRS Local Standard for <i>Public Transp</i> | hat you beli |               |                  |                 |                                 | 0.00   |

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Debtor 1 John P Hill Case number (if known)

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                      | In addition to the expense d<br>the following IRS categories                                                                                                                                                                                                                                                 |                                                                                                  | s listed above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , you are allowed your monthly expenses                                                                                                                                                                                                                         | for               |          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|
| 16.        | self-employment taxes, soci                                                                                                                                                                                                                                                                                                                                                                                                          | al security taxes, and Medic<br>wever, if you expect to rece<br>on the total monthly amount                                                                                                                                                                                                                  | are taxes                                                                                        | s. You may inc<br>refund, you m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d local taxes, such as income taxes, clude the monthly amount withheld from the third that the expected refund by 12 for taxes.                                                                                                                                 | \$                | 3,928.00 |
| 17.        | Involuntary deductions: To contributions, union dues, a                                                                                                                                                                                                                                                                                                                                                                              | , , ,                                                                                                                                                                                                                                                                                                        | uctions th                                                                                       | at your job re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | quires, such as retirement                                                                                                                                                                                                                                      |                   |          |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                              | o, such a                                                                                        | s voluntary 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1(k) contributions or payroll savings.                                                                                                                                                                                                                          | \$                | 0.00     |
| 18.        | filing together, include paym                                                                                                                                                                                                                                                                                                                                                                                                        | ents that you make for your life insurance on your depe                                                                                                                                                                                                                                                      | spouse's                                                                                         | term life insu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e insurance. If two married people are rance. spouse's life insurance, or for any form                                                                                                                                                                          | \$                | 0.00     |
| 19.        | Court-ordered payments:<br>administrative agency, such<br>Do not include payments on                                                                                                                                                                                                                                                                                                                                                 | as spousal or child support                                                                                                                                                                                                                                                                                  | paymen                                                                                           | s.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | by the order of a court or  You will list these obligations in line 35.                                                                                                                                                                                         | \$                | 0.00     |
| 20.        | Education: The total month                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                   |          |
|            | as a condition for your jo                                                                                                                                                                                                                                                                                                                                                                                                           | b, or                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                   |          |
|            | for your physically or me                                                                                                                                                                                                                                                                                                                                                                                                            | ntally challenged dependent                                                                                                                                                                                                                                                                                  | child if r                                                                                       | o public educ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ation is available for similar services.                                                                                                                                                                                                                        | \$                | 0.00     |
| 21.        | <b>Childcare:</b> The total monthl Do not include payments for                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                              |                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sitting, daycare, nursery, and preschool.                                                                                                                                                                                                                       | \$                | 0.00     |
| 22.        | that is required for the health by a health savings account                                                                                                                                                                                                                                                                                                                                                                          | n and welfare of you or your<br>. Include only the amount th                                                                                                                                                                                                                                                 | depende<br>at is mor                                                                             | ents and that is<br>e than the tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                 | \$                | 0.00     |
| 00         | Payments for health insuran                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y in line 25.  you pay for telecommunication services                                                                                                                                                                                                           | Ψ                 |          |
| 20.        | for you and your dependent<br>phone service, to the extent<br>income, if it is not reimburse<br>Do not include payments for                                                                                                                                                                                                                                                                                                          | s, such as pagers, call waitir<br>necessary for your health a<br>d by your employer.<br>basic home telephone, inte                                                                                                                                                                                           | ng, caller<br>nd welfar                                                                          | identification, re or that of you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | special long distance, or business cell our dependents or for the production of crvice. Do not include self-employment                                                                                                                                          |                   |          |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                      | orted of life 5 of Official 1 c                                                                                                                                                                                                                                                                              | )rm 1220                                                                                         | :-1, or any am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ount you previously deducted.                                                                                                                                                                                                                                   | +\$_              | 0.00     |
| 24.        | Add all of the expenses al<br>Add lines 6 through 23.                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                              |                                                                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ount you previously deducted.                                                                                                                                                                                                                                   | <b>+</b> \$<br>\$ | 7,818.47 |
|            | Add all of the expenses al                                                                                                                                                                                                                                                                                                                                                                                                           | lowed under the IRS expe                                                                                                                                                                                                                                                                                     | nse allov                                                                                        | vances.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne Means Test.                                                                                                                                                                                                                                                  |                   |          |
| Add        | Add all of the expenses al<br>Add lines 6 through 23.<br>litional Expense Deductions<br>Health insurance, disabilit                                                                                                                                                                                                                                                                                                                  | Iowed under the IRS expenses These are additional de Note: Do not include any insurance, and health sa                                                                                                                                                                                                       | nse allov<br>eductions<br>ny expen                                                               | vances. s allowed by the se allowances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne Means Test.                                                                                                                                                                                                                                                  | \$                |          |
| Add        | Add all of the expenses al<br>Add lines 6 through 23.<br>litional Expense Deductions<br>Health insurance, disabilit<br>insurance, disability insuran                                                                                                                                                                                                                                                                                 | Iowed under the IRS expenses These are additional de Note: Do not include any insurance, and health sa                                                                                                                                                                                                       | nse allov<br>eductions<br>ny expen                                                               | vances. s allowed by the se allowances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne Means Test. s listed in lines 6-24. sess. The monthly expenses for health                                                                                                                                                                                    | \$                |          |
| Add        | Add all of the expenses al<br>Add lines 6 through 23.<br>litional Expense Deductions<br>Health insurance, disabilit<br>insurance, disability insuran<br>your dependents.                                                                                                                                                                                                                                                             | Iowed under the IRS expenses These are additional de Note: Do not include any insurance, and health sa                                                                                                                                                                                                       | nse allow<br>eductions<br>ny expen<br>avings ac<br>unts that                                     | vances.  s allowed by the se allowances count expendance are reasonab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ne Means Test. s listed in lines 6-24. sess. The monthly expenses for health                                                                                                                                                                                    | \$                |          |
| Add        | Add all of the expenses al<br>Add lines 6 through 23.<br>litional Expense Deductions<br>Health insurance, disabilit<br>insurance, disability insuran<br>your dependents.<br>Health insurance                                                                                                                                                                                                                                         | These are additional do Note: Do not include an y insurance, and health sace, and health sace, and health sace,                                                                                                                                                                                              | eductions ny expen avings ac unts that                                                           | vances. s allowed by the se allowances count expender reasonab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne Means Test. s listed in lines 6-24. sess. The monthly expenses for health                                                                                                                                                                                    | \$                |          |
| Add        | Add all of the expenses al<br>Add lines 6 through 23.<br>litional Expense Deductions<br>Health insurance, disabilit<br>insurance, disability insuran<br>your dependents.<br>Health insurance<br>Disability insurance                                                                                                                                                                                                                 | These are additional do Note: Do not include an y insurance, and health sace, and health sace, and health sace,                                                                                                                                                                                              | eductions ny expen  avings a  unts that  \$                                                      | vances. s allowed by the se allowances ccount expensare reasonab 567.00 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne Means Test. s listed in lines 6-24. sess. The monthly expenses for health                                                                                                                                                                                    | \$                |          |
| Add        | Add all of the expenses al Add lines 6 through 23. litional Expense Deductions:  Health insurance, disability insurance, disability insurancy our dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this to                                                                                                                                                                    | These are additional do Note: Do not include at y insurance, and health sace, and health sace, and health savings acco                                                                                                                                                                                       | eductions ay expensive that                                                                      | vances. s allowed by the se allowances count expensare reasonab  567.00  0.00  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o                                                                                                                                         | \$r               | 7,818.47 |
| Add        | Add all of the expenses al Add lines 6 through 23. litional Expense Deductions:  Health insurance, disability insurancy dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this to No. How much do you                                                                                                                                                                          | These are additional do Note: Do not include at y insurance, and health sace, and health sace, and health savings acco                                                                                                                                                                                       | eductions ay expensive that                                                                      | vances. s allowed by the se allowances count expensare reasonab  567.00  0.00  0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o                                                                                                                                         | \$r               | 7,818.47 |
| Add        | Add all of the expenses al Add lines 6 through 23. litional Expense Deductions:  Health insurance, disability insurance, disability insurance, disability insurance dependents.  Health insurance Disability insurance Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason                                                               | These are additional do Note: Do not include at y insurance, and health sace, and health sace, and health savings accordant amount?  The care of household or onable and necessary care a of your immediate family wh                                                                                        | eductions ny expen  avings a  unts that  \$  \$  \$  family r  and suppo o is unab               | vances. s allowed by the se allowances are reasonabed.  567.00  0.00  0.00  567.00  members. The ort of an elder alle to pay for s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may | \$r               | 7,818.47 |
| 25.<br>26. | Add all of the expenses al Add lines 6 through 23. litional Expense Deductions:  Health insurance, disability insurance, disability insurance, disability insurancy dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason your household or member a include contributions to an ail. | These are additional de Note: Do not include at y insurance, and health sace, and health sace, and health savings account amount? Ou actually spend?  The care of household or onable and necessary care a for your immediate family who count of a qualified ABLE priolence. The reasonably necessary care. | eductions ny expen  vings ac unts that  \$ \$ \$  family r and supp o is unab program. eccessary | vances. s allowed by the se allowances are reasonabed.  567.00  0.00  0.00  567.00  members. The ort of an elder let to pay for separate to pay fo | ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may | \$r               | 7,818.47 |

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|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|----------------|----------------------------|
|                                                                 | Additional home energy costs. Your homine 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne energy costs are included in your insurance and ope                                                                                            | erating ex                    | xpenses on                                         |                |                            |
|                                                                 | f you believe that you have home energy on a, then fill in the excess amount of home er                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | costs that are more than the home energy costs include nergy costs                                                                                | ed in exp                     | enses on lir                                       | ne             |                            |
|                                                                 | You must give your case trustee document amount claimed is reasonable and necessa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ation of your actual expenses, and you must show that ary.                                                                                        | the add                       | itional                                            | \$_            | 0.0                        |
| :                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dren who are younger than 18. The monthly expenses expendent children who are younger than 18 years old to                                        |                               |                                                    |                |                            |
|                                                                 | You must give your case trustee document claimed is reasonable and necessary and r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ation of your actual expenses, and you must explain whot already accounted for in lines 6-23.                                                     | hy the ai                     | mount                                              |                |                            |
| ,                                                               | Subject to adjustment on 4/01/22, and ever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ery 3 years after that for cases begun on or after the da                                                                                         | ate of adj                    | justment.                                          | \$_            | 0.0                        |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | he monthly amount by which your actual food and cloth<br>gallowances in the IRS National Standards. That amou<br>s in the IRS National Standards. |                               |                                                    |                |                            |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.                                      | e separa                      | ate                                                |                |                            |
| ,                                                               | You must show that the additional amount of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | claimed is reasonable and necessary.                                                                                                              |                               |                                                    | \$_            | 0.0                        |
|                                                                 | Continuing charitable contributions. The nstruments to a religious or charitable orga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e amount that you will continue to contribute in the form anization. 11 U.S.C. § 548(d)(3) and (4).                                               | of cash                       | or financial                                       |                |                            |
| ı                                                               | Do not include any amount more than 15%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of your gross monthly income.                                                                                                                     |                               |                                                    | \$_            | 0.0                        |
|                                                                 | Add all of the additional expense deduct Add lines 25 through 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tions.                                                                                                                                            |                               |                                                    | \$             | 567.00                     |
|                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                               |                                                    |                |                            |
| Dedu                                                            | ctions for Debt Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |                               |                                                    |                |                            |
| 33. <b>F</b>                                                    | or debts that are secured by an interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | in property that you own, including home mortgage                                                                                                 | es, vehi                      | cle                                                |                |                            |
| 33. <b>F</b>                                                    | or debts that are secured by an interest<br>ans, and other secured debt, fill in lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 33a through 33e.                                                                                                                                  |                               |                                                    |                |                            |
| 33. <b>F</b><br><b>Ic</b>                                       | or debts that are secured by an interest<br>ans, and other secured debt, fill in lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 33a through 33e. ent, add all amounts that are contractually due to each                                                                          |                               |                                                    |                |                            |
| 33. <b>F</b><br><b>Ic</b>                                       | or debts that are secured by an interest ans, and other secured debt, fill in lines a calculate the total average monthly paym                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 33a through 33e. ent, add all amounts that are contractually due to each                                                                          |                               |                                                    |                | ge monthly                 |
| 33. <b>F</b> (<br><b>Ic</b><br>C(                               | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for ba                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                            | secured                       | d                                                  | Avera paymes   | ent                        |
| 33. <b>F</b> (<br><b>Ic</b><br>C(                               | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 33a through 33e. ent, add all amounts that are contractually due to each                                                                          | secured                       |                                                    |                |                            |
| 33. <b>F</b><br><b>Ic</b><br>Tr<br>cr<br>33a.                   | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for ba  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                          | secured                       | =>                                                 |                | 985.00                     |
| 33. <b>F lo</b> Cl                                              | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                            | secured                       | =>                                                 | \$\$           | 985.00<br>248.00           |
| 33. <b>F lc</b> T c: 33a.                                       | or debts that are secured by an interest ans, and other secured debt, fill in lines a calculate the total average monthly paymeditor in the 60 months after you file for ba  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                          | secured                       | =>                                                 |                | 985.00                     |
| 33. File (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3     | or debts that are secured by an interest ans, and other secured debt, fill in lines a calculate the total average monthly paymeditor in the 60 months after you file for ba  Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                          | secured                       | =>                                                 | \$\$           | 985.00<br>248.00           |
| 33. Ficological Report 1985 1985 1985 1985 1985 1985 1985 1985  | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                          | Does                          | =>                                                 | \$\$           | 985.00<br>248.00           |
| 33. File (1) (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest ans, and other secured debt, fill in lines a calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                                              | Does incluor ins              | => => s payment de taxes surance?                  | \$\$           | 985.00<br>248.00           |
| 33. File   To   Col   33a.   33b.   33c.   33d.                 | or debts that are secured by an interest ans, and other secured debt, fill in lines a calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.                                                              | Does included or installation | => => s payment de taxes                           | \$\$           | 985.00<br>248.00           |
| 33. Fe lo To co s s s s s s s s s s s s s s s s s s             | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  In order that are secured debt and interest and in | a 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.  Identify property that secures the debt | Does include or ins           | => => s payment de taxes surance?                  | \$\$           | 985.00<br>248.00<br>229.53 |
| 33. Fe lo To co s s s s s s s s s s s s s s s s s s             | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  In order that are secured debt and interest and in | a 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.  Identify property that secures the debt | Does incluor ins              | => => s payment de taxes surance? No Yes           | \$<br>\$<br>\$ | 985.00<br>248.00<br>229.53 |
| 33. File (1) (1) (1) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3 | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  In order that are secured debt and interest and in | a 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.  Identify property that secures the debt | Does incluor ins              | => => s payment de taxes surance? No               | \$\$           | 985.00<br>248.00<br>229.53 |
| 33. File   To   Col   33a.   33b.   33c.   33d.                 | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  In order that are secured debt and interest and in | a 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.  Identify property that secures the debt | Does incluor ins              | => => s payment de taxes surance? No Yes           | \$<br>\$<br>\$ | 985.00<br>248.00<br>229.53 |
| 33. Ficological Report 1985 1985 1985 1985 1985 1985 1985 1985  | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  In order that are secured debt and interest and in | a 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.  Identify property that secures the debt | Does include or ins           | => => s payment de taxes surance? No Yes No        | \$<br>\$<br>\$ | 985.00<br>248.00<br>229.53 |
| 33. Ficological Report 1985 1985 1985 1985 1985 1985 1985 1985  | or debts that are secured by an interest ans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home  Copy line 9b here  Loans on your first two vehicles  Copy line 13b here  Copy line 13e here  List other secured debts:  In order that are secured debt and interest and in | a 33a through 33e.  ent, add all amounts that are contractually due to each nkruptcy. Then divide by 60.  Identify property that secures the debt | Does include or ins           | => => s payment de taxes surance? No Yes No Yes No | \$\$ \$\$      | 985.00<br>248.00<br>229.53 |

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John P Hill Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure amount** Monthly cure amount  $\div 60 = \$$ -NONE-\$ Сору 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 25.889.00 ÷60 \$ 431.48 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> 2,422.01 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 7,818.47 expense allowances Copy line 32, All of the additional expense deductions 567.00 Copy line 37, All of the deductions for debt payment 2,422.01 10,807.48 10.807.48 Total deductions..... Copy total here=>

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| <ul> <li>39. Copy your total currence Statement of Your Control of Your Control of Statement of Your Control of Your</li></ul> | etirement deductions. The monthly total of a orm wages as contributions for qualified retirem (7) plus all required repayments of loans from c. § 362(b)(19).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 122C-1, Chapter 13 Commitment Period.  ort for dependent ter care payments, or 122C-1, that you xtent reasonably  Il amounts that your tent plans, as specified | \$_     | <br>O.                                                                  | \$13,288.62                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------|------------------------------|
| 40. Fill in any reasonab children. The month disability payments for received in accordan necessary to be expeded.  41. Fill in all qualified remployer withheld from in 11 U.S.C. § 541(b) specified in 11 U.S.C. 42. Total of all deduction developments and you have their expenses. You in circumstances and described in 11 U.S.C. 43. Deduction for specified in 14 U.S.C. 45 Deduction for specified expenses and you have their expenses. You in circumstances and described in the specified in 15 U.S.C. 45 Deduction for specified in 15 U.S.C. 45 Deduction for specified in 15 U.S.C. 46 Deduction for specified in 16 U.S.C. 47 Deduction for specified in 17 U.S.C. 48 Deduction for specified in 17 U.S.C. 49 Deduction for specified in 17 U.S.C. 49 Deduction for specified in 17 U.S.C. 40 Deduction for specified in 18 U.S.C. 40 Deduction for specified           | Current Monthly Income and Calculation of oly necessary income you receive for supportly average of any child support payments, fostor a dependent child, reported in Part I of Fornace with applicable nonbankruptcy law to the element of such child.  The monthly total of a property of the property of th | ort for dependent<br>ter care payments, or<br>n 122C-1, that you<br>extent reasonably                                                                           | \$_     | 0.                                                                      | · · ·                        |
| children. The month disability payments for received in accordant necessary to be experienced.  41. Fill in all qualified resumple employer withheld from in 11 U.S.C. § 541(b) specified in 11 U.S.C.  42. Total of all deductions and you have their expenses. You in circumstances and designed in the control of the control           | ly average of any child support payments, fostor a dependent child, reported in Part I of Fornice with applicable nonbankruptcy law to the elended for such child.  etirement deductions. The monthly total of allow wages as contributions for qualified retirem (7) plus all required repayments of loans from 1. § 362(b)(19).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ter care payments, or<br>n 122C-1, that you<br>xtent reasonably<br>Il amounts that your<br>nent plans, as specified                                             | \$_     | 0.                                                                      | 00                           |
| employer withheld from 11 U.S.C. § 541(b) specified in 11 U.S.C. 42. Total of all deduction 43. Deduction for specified expenses and you had their expenses. You in circumstances and defined the specific expenses and defined the specific expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | om wages as contributions for qualified retirem<br>(7) plus all required repayments of loans from<br>E. § 362(b)(19).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ent plans, as specified                                                                                                                                         | _       |                                                                         | .00                          |
| 43. <b>Deduction for speci</b><br>expenses and you ha<br>their expenses. You i<br>circumstances and de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | retirement plans, as                                                                                                                                            | \$_     | 1,343.                                                                  | .00                          |
| expenses and you ha<br>their expenses. You<br>circumstances and de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ons allowed under 11 U.S.C. § 707(b)(2)(A).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy line 38 here=>                                                                                                                                             | \$      | 10,807                                                                  | .48                          |
| Describe the special circ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ial circumstances. If special circumstances juave no reasonable alternative, describe the special give your case trustee a detailed explanation ocumentation for the expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ecial circumstances and                                                                                                                                         | I       |                                                                         |                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                                                                                                                                              |         |                                                                         |                              |
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| 44. Total adjustments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Add lines 40 through 43.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | =>  \$                                                                                                                                                          |         | 12,150.48                                                               | Copy<br>here=> -\$ 12,150.48 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nthly disposable income under § 1325(b)(2).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Subtract line 44 from lin                                                                                                                                       | ne 39.  |                                                                         | \$1,138.14                   |
| 46. Change in income of have changed or are time your case will be you filed your petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or expenses. If the income in Form 122C-1 or virtually certain to change after the date you fe open, fill in the information below. For example, check 122C-1 in the first column, enter line a in when the increase occurred, and fill in the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iled your bankruptcy pet<br>ble, if the wages reported<br>in the second column,                                                                                 | ition a | and during the eased after                                              |                              |
| Form Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Reason for change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of change                                                                                                                                                  |         | Increase or decrease?                                                   | Amount of change             |
| □ 122C-1 □ 122C-2 □ 122C-2 □ 122C-1 □ 122C-1 □ 122C-2 □ 122C-1 □ 122C-2 □ 122C-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 | _       | Increase Decrease Increase Decrease Increase Decrease Increase Decrease | \$<br>\$<br>\$               |

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| Debtor 1 | John P Hill                                       | Case number (if known)                                                        |  |
|----------|---------------------------------------------------|-------------------------------------------------------------------------------|--|
| Part 4:  | Sign Below                                        |                                                                               |  |
|          |                                                   | the information on this statement and in any attachments is true and correct. |  |
| -        | /s/ John P Hill John P Hill Signature of Debtor 1 |                                                                               |  |
|          | December 4, 2020<br>MM / DD / YYYY                |                                                                               |  |

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Debtor 1 John P Hill Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 06/01/2020 to 11/30/2020.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: 6 months

Income by Month:

| 6 Months Ago: | 06/2020            | \$10,620.56 |
|---------------|--------------------|-------------|
| 5 Months Ago: | 07/2020            | \$10,620.56 |
| 4 Months Ago: | 08/2020            | \$10,620.56 |
| 3 Months Ago: | 09/2020            | \$11,558.57 |
| 2 Months Ago: | 10/2020            | \$18,744.87 |
| Last Month:   | 11/2020            | \$12,496.58 |
|               | Average per month: | \$12,443,62 |

#### Line 10 - Income from all other sources

Source of Income: non filing spouse

Income by Month:

| 6 Months Ago: | 06/2020            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2020            | \$0.00     |
| 4 Months Ago: | 08/2020            | \$0.00     |
| 3 Months Ago: | 09/2020            | \$1,690.00 |
| 2 Months Ago: | 10/2020            | \$1,690.00 |
| Last Month:   | 11/2020            | \$1,690.00 |
|               | Average per month: | \$845.00   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |
|------------|----|--------------------|
| \$24       | 45 | filing fee         |
| \$7        | 78 | administrative fee |
| + \$1      | 5  | trustee surcharge  |
| \$33       | 38 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Austin Lay 203 Bluegrass Avenue, Apt. H-178 Newport, KY 41071

Bank of America P.O. Box 15284 Wilmington, DE 19850

Barclays Bank 125 South West Street Wilmington, DE 19801

Best Egg 1523 Concord Pike Suite 201 Wilmington, DE 19803

Chase P.O. Box 15123 Wilmington, DE 19850

Citi Bank 4674 Houston Road Florence, KY 41042

GC Services 6330 Gulfton Street Houston, TX 77081

Great Lakes PO Box 7860 Madison, WI 53707

Harley Davidson of Cincinnati 1799 Tennessee Avenue Cincinnati, OH 45229

Internal Revene Service P.O. Box 7346 Philadelphia, PA 19101-7436

Jeff Wyler Honda Florence, Inc 949 Burlington Pike Florence, KY 41042

M & T Bank PO Box 17292 Baltimore, MD 21203

Rocket Mortgage 1050 Woodward Avenue Detroit, MI 48226 Sofi One Letterman Drive Building A Suite 4700 San Francisco, CA 94129

The Home Depot 5800 South Corporate Place Sioux Falls, SD 57108

U.S Attorneys Office 221 East 4th Street Suite 400 RE: student loans Cincinnati, OH 45202

U.S Attorneys Office 221 East 4th Street Suite 400 RE: taxes Cincinnati, OH 45202

US Attorney 950 Pennsylvania Avenue NW Washington, DC 20530

US Attorney 950 Pennsylvania Avenue NW Washington, DC 20530

US Bank
P.O. Box 108
Saint Louis, MO 63166

US Department of Education PO Box 7860 Madison, WI 53704

US Department of Education PO Box 7860 Madison, WI 53704

Wright Patt Credit Union 2455 Executive Park Blvd PO Box 286 Fairborn, OH 45324